



Public Information Officer/Crisis Communications Awareness

G289

Course Information Sheet

Location: Middlesex County Fire Academy

Date: March 12, 2015

Time: 8:30a.m. - 4:00 P.M.

Pre-Course Recommendations

- ICS 100 (Required) ICS 700 Recommended)

Additional Information:

The G289 PIO Awareness course is a elective course from FEMA.

NJ OEMS CREDIT Pending CEU'S NJDFS CREDIT .5 CEU'S NJLMS CREDIT Not Applied For
CEU'S

Course Purpose:

This course will orient the participants to the public information function and the role of the PIO in the public safety/emergency management environment. Additionally, this training will prepare participants for subsequent training to further develop their PIO skills. The course content will emphasize strategies for handling crisis communication situations.

Course Objectives

At the end of this course, the students should be able to:

- Define emergency public information and the Public Information Officer (PIO) roles and responsibilities.
 - Describe written and digital tools that are used to support public information activities.
 - Describe how the PIO can work effectively with the news media to communicate emergency public information.
- Apply basic PIO skills to crisis communications situations. Apply the principles of ICS in response to a simulated incident.

Target Audience

The primary audience for this training is individuals who will have public information responsibilities as their main job or as an auxiliary function at the State, tribal, or local level of government. Additionally audience may include emergency management personnel who may serve in or manage an emergency operations center, to include office of emergency management staff and administration, support function staff, representatives from municipal agencies/departments that may assist in the recovery process.



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Class size limited to 24, registration is required: [NJOEM Training Application](#).

The target audience for this course includes the following local government positions and allied professionals:

- Medical Examiners/Coroners
- Funeral Directors
- Law Enforcement Personnel
- Fire Department Personnel
- Emergency Medical Services Personnel
- Emergency Planners
- Emergency Management Personnel
- Public Officials
- Health Official/Care Administrator or Planner
- Media (Public Information Officers)
- Public Works Personnel
- Members of the Clergy
- The Salvation Army Personnel
- American Red Cross Personnel
- Forensic specialists
- National Guard Members
- Transportation (railroads, etc.) Personnel
- Other significant disaster workers
- Community Planner and Staff
- Business and Private Organization Representative

For more information: Contact Course Manager, Mary Goepfert, External Affairs Officer, NJOEM at lppgoepm@gw.njsp.org 609-963-6818.

Registration is required: [NJOEM Training Application](#). Fill out the application completely and email/send it to Theodore K. Cashel at lppreidL@gw.njsp.org, 609-882-2000 ext 6204 or fax it to 609-671-0160.

The Training Exercise Unit web link is

http://www.state.nj.us/njoem/programs/field_training.html

You will be contacted by email when your application is received and approved.



**STATE OF NEW JERSEY
NEW JERSEY STATE POLICE
OFFICE OF EMERGENCY MANAGEMENT
P.O. BOX 7068 WEST TRENTON, NJ 08628 - 0068**



Complete application using Adobe Acrobat software version 7.0 or newer.
Only readable applications will be accepted.

Start by using TAB key on your Keyboard PLEASE TYPE OR PRINT

First Name _____ Middle Initial _____ Last Name _____

M ___ F ___ _____
Sex Job Title

(HOME INFORMATION)

(_____) _____
Phone Number email
Emergency # we can call in case class is cancelled at the last minute

Street / P.O Box _____ City _____

County _____ State _____ Zip _____

(WORK INFORMATION)

(_____) _____
Phone Number Employer
Emergency # we can call in case class is cancelled at the last minute

Street / P.O Box _____ City _____

County _____ State _____ Zip _____

Do you have any disabilities which would require special consideration during your attendance at the course? No ___ Yes ___

Please describe and indicate and special consideration required on a separate sheet.

COURSE INFORMATION

Enter Course Requested _____ Date of course _____

List any prerequisite course (if applicable)

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL

Signature of applicant: _____ Date _____

Signature of _____ Date: _____

Applicant signs application forwards to _____ for signature and approval. Completed Applications are forwarded to State OEM for processing. (as applicable)

Submission via email but will accept Fax signed applications to Field Training Unit at 609-671-0160

If the box to the left is checked You will need to obtain and or list your SID number
Go to www.fema.gov or <https://cdp.dhs.gov/femasid/> to apply for SID number