

**G290 Basic Public information Officer**

**Location:** Passaic County Public Safety Center  
300 Oldham Road, Wayne, NJ

**Dates:** November 17 & 18, 2015

**Time:** 8:30 a.m. - 4:00 p.m. EACH DAY

**Additional Information:**

- IS -29 basic PIO Awareness is a required course for the course or prior attendance in the G289 PIO Awareness course. Please submit a copy of your certificate(s) with your application  
<http://www.training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=IS-29>
- ICS 100, 200, 700 Highly recommended

**Course Purpose:**

This 2-day course will equip participants with the basic skills needed to be full- or part-time PIOs such as oral and written communications, and understanding and working with the media, and basic tools and techniques needed to perform effectively.

**Course Objectives**

At the end of the course, participants should be able to:

- Demonstrate how to communicate emergency public information effectively in writing to the public through the news media.
- Describe actions the PIO can take to prepare for and conduct an effective interview with the news media.
- Demonstrate the ability to answer questions effectively during an on-camera interview.
- Describe how to effectively perform the responsibilities of the PIO at the scene of an incident.
- Describe the JIS/JIC concepts as they apply to the public information function in an expanding incident.
- Participate in a panel discussion with members of the news media.

**Target Audience**

The primary audience for this training is individuals who have recently been assigned to public information responsibilities as their main job or as an auxiliary function at the State, tribal, or local level of government. Class size is limited to 12

Registration is required: [NJOEM Training Application](#).

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, NJOEM at [lppreidl@gw.njsp.org](mailto:lppreidl@gw.njsp.org) 609-963-6962.

Registration is required: [NJOEM Training Application](#). Fill out the application completely and email/send it to Lynn Reid at [lppreidl@gw.njsp.org](mailto:lppreidl@gw.njsp.org), 609-963-6962 **or fax it to 609-671-0160.**

The Training Exercise Unit web link is

[http://www.state.nj.us/njoem/programs/field\\_training.html](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](http://www.fema.gov) or <https://cdp.dhs.gov/femasid/> to apply for SID number