

ICS 300 (EMI G 300) Course

Location: Regional Operations Intelligence Center (ROIC)
NJ State Police Headquarters, West Trenton, NJ 08628
Room 107 & 108 (Bunk Room)

Dates: August 25, 26, 2015
Time: 8:30 a.m. - 4:00 p.m.



Prerequisite:

- ***Mandatory Pre-requisite: ICS 200. Students must submit a certificate for ICS 200 with their application.***

Course Purpose:

- This course provides training on and resources for personnel who require advanced application of the Incident Command System

Topics to be covered include:

- Unit 2 ICS fundamentals review
- Unit 3 Unified Command
- Unit 4 Incident assessment and establishing objectives
- Unit 5 The Planning P process
- Unit 6 Incident Resource Management
- Unit 7 Demobilization, Transfer of command and Close-out
- ICS forms and development of an Incident Action Plan (IAP)

Target Audience

This course is for personnel who may assume a supervisory role in expanding incidents. This course expands on information covered in ICS 100 and ICS 200 course.

Registration is required by email to LPPREIDL@gw.njsp.org, or lppcasht@gw.njs.org
You will be contacted by email when your application is received.

Contact NJOEM Training & Exercise Unit for more information at the office number 609-963-6962.



**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