

**NIMS – ICS for the Fire Service (NIMS ICS), 16 hours**

# York County Fire School

*"A part of the Fire Chiefs and Firefighters Association of York County"*

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www.yorkcountymfireschool.org

**Course Title:** NIMS ICS for the Fire Service, **SFA Course Code:** NICS-FS **Length of Course:** 16 Hours

- 🔑 **Prerequisites:** ELIF or EBM or equivalent emergency level course and IS 700
- 🔑 **Referenced Texts:** The text to be used for this course is NIMS ICS for the Fire Service student manual, DHS/FEMA/USFA/NFA, January 2005.
- 🔑 **Course Goal:** To train fire service personnel to be able to manage major emergencies and/or disasters in harmony with the other emergency response agencies responding to these events.
- 🔑 **Course Description:** Incident command is a concept given considerable attention within the fire service. This course will help students recognize the importance of an effective management system and understand the various components that provide the basis for that system. The requirements necessary to make the system functional will be discussed. With DHS assistance in providing and mandating a single ICS, this Nation's emergency response personnel will move in the direction of greater management harmony, which will ensure much more effective management of America's major emergencies. It is extremely important that the students realize that the ICS has application in small and large fire departments; at simple and complex incidents; and in career, combination, and volunteer organizations. Students will be allowed to compare the benefits of the ICS to their own department or jurisdiction to demonstrate to themselves that the effective implementation of the ICS and its subsequent use will have a positive effect on their incident management.

**Dates:** May 21<sup>st</sup>, 22<sup>nd</sup>, 28<sup>th</sup>, & 29<sup>th</sup>, 18:30 – 22:30

**Instructor:** Lane

**USING INK PLEASE WRITE CLEARLY.**

## **REGISTRATION INFORMATION**

Student Name : \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

(Student's Email Address)

(Student's Phone #)

## **CHIEF'S AUTHORIZATION**

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions that would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of AUTHORIZING PERSON: \_\_\_\_\_

E-mail address **OR** phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY.**

**Thank you.**