State of Tennessee
Training Course Application
All-Hazards (Type 3) Incident Management Team Program

AHIMT

EMST

AHIMT COURSE REQUESTED (Select only one course per application)					
☑	Course	☑	Course	☑	Course
	0-305 AHIMT		Safety Officer		Resources Unit Leader
	Incident Commander		Public Information Officer		Staging Area Manager
	Operations Section Chief		Liaison Officer		Situation Unit Leader
	Planning Section Chief		Division/Group Supervisor		Facilities Unit Leader
	Finance/Admin Section Chief		Strike Team/Task Force Leader		Supplies Unit Leader
	Logistics Section Chief		Communications Unit Leader		Finance/Administration Unit Leader
	Staging Area Manager		Information Tech. Unit Leader		
	Other (specify)				

COURSE DATE AND LOCATION REQUESTED

PERSONAL INFORMATION	
Last Name, First Name, MI:	**Date:**
Email:	**Primary Phone Contact (incl area code):**
Alt email:	**Alt Phone Contact (incl area code):**
Work/Home Station Address:	**Mailing Address:**
City/State/Zip:	**City/State/Zip:**
Employer:	**Job Title/Rank:**
FEMA Student ID Number: (Obtain at: https://cdp.dhs.gov/femasid)	

INDICATE THE REGION WHERE YOU RESIDE OR WORK IN AND THE TEAM ASSOCIATION:		
☐ East Region	☐ Middle Region	☐ West Region
☐ AHIMT	☐ EMST	☐ TN State-level EMST

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COURSE SELECTION PRIORITY

1st priority for the 0-305 and Position Specific Courses are reserved for active members of the Regional All-Hazards Incident Management Teams or the Regional/ State Emergency Management Support Teams.

2nd priority are Individuals being recruited for Regional AHIMT or EMST membership.

3rd priority is the general emergency response community.

COURSE PREREQUISITES				
Provide the dates for the prerequisite courses. If you are using an alternative course as a substitute for any of the prerequisites, be sure to include a copy of the course certificate and justification why it is equivalent.				
Course	**Date**		**Course**	**Date**
ICS100			ICS400 (if required)	
ICS200			IS700	
ICS300			IS800	

Other Related Courses (provide copy of certificates): _____

_____
_____
_____

Training Application Submittal Instructions

- All requestors must receive approval signature from agency administrator (employer) to attend training.
- All requestors must complete a course application for each course.
- All requestors submit the application to TEMA Training at TEMA.Training@tn.gov at least 45 days prior to class start date.

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APPLICANT CONFIRMATION AND SIGNATURE			
I understand that completion of this training course is just one step to become qualified for any of the positions on an AHIMT. If accepted I must also dedicate time and effort to attend the additional training identified in the qualifications process to receive credentials in an ICS position.			
Print Name		Date	
Applicant Signature			

SUPERVISOR APPROVAL			
Employer Name		Date	
Supervisor Signature		Supervisor Title	

Training, Education and Membership Committee Use:

_____: Application Approved   _____: Not Approved   Date of Decision: _____

Comments: _____

_____

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