



**VIRGINIA  
DEPARTMENT  
OF EMERGENCY  
MANAGEMENT**

**VDEM TRAINING, EDUCATION and  
EXERCISE DIVISION**

**V450 ICS TRAIN THE TRAINER  
ENROLLMENT APPLICATION**

**GENERAL INFORMATION**

NAME ( <i>Last, First, Middle Initial, Suffix</i> )		DATE OF BIRTH: (mm/dd/yyyy)	FEMA Student ID# (FEMA SID):
HOME ADDRESS ( <i>Street, avenue, road no./city or town/state and zip code</i> )		WORK PHONE:	
		HOME PHONE:	
		FAX:	
		EMAIL:	
COURSE DATE:		COURSE LOCATION:	

**PREREQUISITES**

**Applicants must meet ALL of the following prerequisites to be considered for enrollment:**

1. Agree and have the consent of his/her agency head to be reasonably available to teach ICS courses within his/her agency or local government during the twelve months following V450 ICS TtT course completion.
2. Successful completion of accredited ICS: 100, 200, 300, 400, 700, 800 (All certificates or transcript dates must be post May 2019) G191 ICS/EOC Interface (date does not matter).
3. Service in a mid-level emergency management and incident response position within five years in real-world incidents, planned events, or accredited exercises. (Explain ICS practical experience below.)
4. Recognized qualifications in techniques of instruction and adult education methodologies as evidenced by appropriate certificate of completion or documentation of equivalency (see below).

**EXPERIENCE EXPLANATION: (attach additional sheets as needed)**

<b>INSTRUCTIONAL EXPERIENCE EXPLANATION: (Completion of one of the following - attach certificate copies as needed)</b>	<b>DATE OF COMPLETION:</b>
DCJS General Instructor	
VDFP Fire Instructor I (or above)	
VDH/OEMS EMS Education Coordinator (Instructor Institute completion prior to July 2017)	
DHS Instructor Development Course (EMI, CDP or NDPC)	
Accredited college degree in Adult Education	
Equivalent Adult Instruction EXPLANATION: <b>(attach additional sheets or certificates as needed. Subject to VDEM acceptance)</b>	
<b>EMPLOYMENT INFORMATION AND AUTHORIZATION</b>	
NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED	CURRENT POSITION AND NUMBER OF YEARS IN POSITION

<b>ENDORSEMENT AND CERTIFICATION</b>	
<b>I agree to and have the consent of my agency head to be reasonably available to teach ICS courses within my agency or local government during the twelve months following completion of V450 ICS TtT Training</b>	
SIGNATURE OF APPLICANT	DATE
<b>APPROVAL BY AGENCY HEAD</b>	
SIGNATURE	DATE

**NOTICE TO FEDERAL AGENCY PERSONNEL:** Due to DHS grant funding limitations, federal agency personnel may attend the V-450 course and be recognized as NIMS Compliant ICS Instructors but VDEM is restricted from providing monetary and material support for courses conducted for federal personnel. Individuals who are also affiliated with applicable state and/or local agencies are encouraged to apply through those agencies for full Sponsored ICS Instructor status.

<b>SUBMIT APPLICATION TO:</b>	Virginia Department of Emergency Management Training, Education and Exercise Division 9711 Farrar Court North Chesterfield, VA 23236 e-mail <a href="mailto:emtraining@vdem.virginia.gov">emtraining@vdem.virginia.gov</a>
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**VDEM USE ONLY:**

<b>DISPOSITION</b> <input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED	<b>SIGNATURE OF REVIEWER</b>	<b>DATE</b>
<b>ORIENTATION ATTENDED: COMPLETED</b>	<b>SIGNATURE OF COORDINATOR</b>	<b>DATE</b>

August 2017