



Critical Incident Management for Public Safety

January 26th, 2006, 0800-1700 hrs

Indianapolis Police Department Training Academy

Course Description

This one-day course introduces the student to the Incident Command System and provides the foundation for higher level incident command training. The course will assist Incident Commanders with establishing the skills necessary to properly lead Public Safety personnel during critical incidents, large-scale emergencies, and disasters. This course describes the history, features, principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS). The course will be delivered through instruction and lecture and will end with a short table-top exercise. By the end of the course, students will understand when and how to implement the incident command system and know the functions of positions established. There is no charge for the course.

Hosted By

**Indianapolis Police Department and
Indianapolis - Marion County Emergency Management Division**

901 N. Post Road.

Indianapolis, IN. 46219

317-327-6650

FAX: 317-327-6690

Email: IPD_Training_Academy@Indygov.org

How to Register

Please complete the attached form and return by Monday, January 20th, 2006 to:

Lt. Charles Briley

Email B4580@Indygov.org

Fax: 317-327-6690

Target Audience and Course Hours

Senior Administrators, Supervisors, Training Officers, etc. involved with Public Safety, Law Enforcement, Fire Services, Emergency Management, Emergency Medical Services, Emergency Communications, and Government Elected and Appointed Officials.

Registration: 7:30 AM

Course Begins: 8:00 AM

Late arrivals will be invited to attend a later course.

Lunch: 11:30 AM to 12:30 Noon

Course Conclusion: 5:00 PM

You must complete all hours and activities of course delivery to receive course credit. Interruptions of cell phones and pager devices are welcome only at scheduled breaks and lunch.



Registration Form

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Indianapolis Police Department Training Academy

Name: _____

Organization: _____

Address: _____

_____ State _____ Zip _____

Telephone: _____

(will be used only to announce changes)

Additional Members from same organization:

Total # Attending _____