ICS Alberta

Instructor Application 2023



Section 1: Personal Information

Su	rname:		First Name:		Middle	Name:	
Ма	Mailing Address:						
Em	nail Address:						
Wo	ork Phone:		Other Emai	I or Phone:			
						_	
Sec	ction 2: Qualification	You Are Aı	oplvina F	or			
	ct only ONE qualification per i			-			
	ICS I-200 and I-100 Basic In			or Trainer – to tea	och the Basic	- Instructor	
	□ ICS I-300 and I-400 Advanced Instructor I		□ Instruct	☐ Instructor Trainer – to teach the Advanced Instructor			
	□ ICS Position-Specific (specify up to two ICS positions):						
	Other Request:						
		FOR INTERNAL	USE (AUTHO	RITY HAVING JUI	RISDICTION)		
Committee Members (Initials):			Review Date:		#:		
				from the 6	S available spaces in the Train the Trainer		
Status (Approved to):			Restrictions:				
	Instructor Committee:	Date:			By:		
	Application Notification:	Date:			By:		
	Train the Trainer Loading:	Date:			By:		
	Co-Teach Evaluation (1):	Date:			By:		
	Co-Teach Evaluation (2): ICS Canada Access:	Date:			By:		
	Applicant Notified:	Date:			By:		
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Submit complete ICS Alberta instructor applications to aema.training@gov.ab.ca. ©2023 Government of Alberta | April 11, 2023 | ICS Alberta Instructor Committee



Section 3: Prerequisites

Completion Certificates

You MUST attach copies of your prerequisite certificates to your instructor application.

I-200/I-100 Basic:	I-100, I-200 in-class*, and I-300*
I-300/I-400 Advanced :	I-100, I-200 in-class, I-300, I-400, and Basic or I-200 Train the Trainer
ICS Position-Specific:	At least one of I-300/I-400 Advanced Train the Trainer, I-300 Train the Trainer (module instructor), or I-400 Train the Trainer (lead instructor)

Active Lead Instructor at Current Level

For I-300/I-400 Advanced and ICS Position-Specific applicants only. This is not required for I-200 applicants.

□ Proof of completion of FOUR courses at the current level of instruction:				
Course #	Organization	# Students		
Course #	Organization	# Students		
Course #	Organization	# Students		
Course #	Organization	# Students		
In addition to these four courses, how many more ICS courses have you taught? (approx.)				
If no course number was issued, provide the date of the course:				
If you have not taken the position-specific course that you want to teach, provide an explanation of what experience would make you an appropriate instructor.				

^{*}AEMA only accepts in-class or instructor-led video delivery. On-line or self-study not accepted.

Section 4: Adult Education / Classroom Experience

would make you suitable at the position being applied for. Note: The ICS Alberta Instructor Committee may request additional verification, proof and/or documentation to substantiate the experience indicated. If you have documentation, please attach.

For the level you are applying for, provide a description of key experience, activities, courses, or other relevant information that

Section 5: Incident Command Knowledge and Experience

For the level you are applying for, provide a description of experience, activities, courses, or other relevant information which would make you suitable for the position being applied for. We are looking for experience in a Command or General Staff or Unit role on a multi-operational period incident. In the absence of that experience, we will consider exercises, creation of plans, research, higher-level courses.



Classification: Protected A

Section 6: Additional Information Provide any additional relevant information for the level you are applying for. Examples would include working in an ICS environment such as municipal emergency management, Emergency Social Services or as part of a Canada Task Force or Incident Management Team, experience in emergencies not involving ICS, experience with other command systems such as Bronze/Silver/Gold or use of ICS concepts for a pre-planned event.



Section 7: References

Please provide THREE references to support your instructor application for the specified purposes.

Reference #1 – Training Experience	
Name	
Organization	Years Known
Email Address	Phone Number
Reference #2 – ICS Knowledge	
Name	
Organization	Years Known
Email Address	Phone Number
Reference #3 – Emergency Management Knowledge/E Name	xperience
Organization	Years Known
Email Address	Phone Number
Section 8: Verification by Applicant's Su Please print clearly. If you are self-employed, sign as both	
I, (supervisor name)	confirm that (applicant name)
	has been designated to fill the role of ICS
instructor with (organization name)	·
Signature of Supervisor:	Date:

Section 9: Attestation of Accuracy

	I hereby certify that all statements on this application are true and complete in has been withheld.	n all respects and no relevant information
Sign	nature of Applicant:	Date:

The collection of this personal information is necessary for operating and administering the Incident Command System Alberta program. The information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be managed in accordance with the provisions of the Act.

Questions about the collection of this information can be directed to the Training, Certification, and Standards section, Alberta Emergency Management Agency at aema.training@gov.ab.ca.

Please scan and email your complete ICS instructor applications (including supporting documentation) to aema.training@gov.ab.ca.