 ****

**\*REGISTRATION\***

Applicants Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*ALL Applicants need to submit this form or information to Sebastian County Dept. of\* \*Emergency Management and Public Safety\*

**Email Info to : dem@co.sebastian.ar.us**

 **CLASS SCHEDULE**

**TUESDAY 02-21-17 6PM-9PM**

 **WELCOME- REGISTRATION AND INTRODUCTIONS**

 **SESSION 1 INTRODUCTION TO CERT AND DISASTER**

 **PREPAREDNESS**

 **SESSION 2 INCIDENT COMMAND AND CERT ORGANIZATION**

 **THURSDAY 02-23-17 6M-9PM**

 **SESSION 3 SMALL FIRE SUPPRESSION**

**SATURDAY 02-25-17 8AM-4PM**

 **SESSION 4 DISASTER MEDICAL OPERATIONS PART 1**

 **SESSION 5 DISASTER MEDICAL OPERATIONS PART 2**

**TUESDAY 02-28-17 6PM-9PM**

 **SESSION 6 LIGHT SEARCH AND RESCUE**

 **SESSION 7 DISASTER PSYCHOLOGY**

**THURSDAY 03-02-17 6PM-9PM**

 **SESSION 8 TERRORISM AND CERT**

 **SATURDAY 03-04-17 9AM-1PM**

 **FINAL EXERCISE AND CERTIFICATION PACKETS**