



Danny Rhynes Interagency Training Center  
602 S. Tippecanoe Ave.  
San Bernardino, CA 92408  
(909) 382-2984 Fax (909) 382-4192  
Email: drtc@fs.fed.us

## Memorandum

**DATE:** December 14, 2015

**SUBJECT:** e-Isuite

**TO:** Course Participant

Congratulations! You have been selected to attend the e-Isuite training session at the Danny Rhynes Interagency Training Center on February 1-4, 2016. Class will **begin on Monday, February 1st at 1300 hours** and will **end around 1700 on Thursday, February 4th**.

This course is designed for those individuals without any previous experience to be exposed to the basic application functions of e-Isuite for each of the following modules: Resources, Incident Action Plan, Time, and Cost. This course is designed primarily for those who wish to work on a Type 1, 2, or 3 Incident Management Team or a Fire Use Team in the Planning or Finance sections. This course may also be of value to those individuals who want to learn about e-ISuite and utilize it on their local units. It will prepare students to work on an incident management team in the capacity of one or more of the following positions: Status Check In Recorder (SCKN), Resource Unit Leader (RESL), Demobilization Unit Leader (DMOB), Personnel Time Recorder (PTRC), Equipment Time Recorder (EQTR), Cost Unit Leader (COST) or Computer Technical Specialist (CTSP).

**Course Prerequisites:** Basic computer skills, ICS-100 Introduction to ICS, I-200 Basic Incident Command System, or previous Incident Management experience are highly recommended but not required.

**\*\*ALL STUDENTS:** Please complete and return the pre-registration form to the training center no later than close of business Monday, January 18, 2016. FAX copies are sufficient.

**Pre-study Assignment/Special Student Information:** There are no pre-study assignments for this course.

### **Tuition:**

Your tuition cost is **\$300.00**

All students must submit a NWCG Nomination Form with proper agency charge codes and signatures for payment. Forms can be attained on-line at: "nationalfiretraining.net."

### **Billing Information:**

**Forest Service (Other Regions):** The approved NWCG Nomination Form will be used for payment. This form must include proper agency charge codes and signatures.

**Other Federal Agencies:** The approved NWCG Nomination Form will be used for payment. This form must include proper agency codes, agreement numbers and signatures.

**Other Non Federal Agencies:** It is recommended that students pay with check or money order at the facility at the start of class. There is an additional 8% administrative fee added to this tuition charge. If payment is not received, a bill of collection will be issued to your agency.

**Cancellations:** Cancellations must be made two weeks prior to the course start date. If a cancellation occurs after the two-week cut off and the slot goes unfilled, there will be a charge not to exceed the tuition charge for the course. **The last date to cancel for this course is January 18, 2016.**

If a student cancels within the two-week period and pre work has already been received, the student needs to return pre work to the training facility.

**Dress:** Students are to wear casual office attire. This means attire suitable for public contact (no shorts, tank tops, flip flops, etc).

Any questions regarding this course may be directed to your unit training coordinator or appropriate training representative. If you are self-sponsored, you may contact the training center directly at [drtc@fs.fed.us](mailto:drtc@fs.fed.us).

**Travel:** For travel and lodging information navigate on the internet to the DRTC website: <http://www.fs.fed.us/r5/sanbernardino/train/travel.shtml>.

/s/ Kristel Johnson  
Kristel Johnson  
Forest Training Officer, DRTC

Enclosures:  
Pre-Registration Form

PRE-REGISTRATION FORM  
DANNY RHYNES INTERAGENCY TRAINING CENTER  
**FAX: 909-382-4192 or email to [drtc@fs.fed.us](mailto:drtc@fs.fed.us)**

**ALL Blocks MUST be Completed**

**Course Title:** e-Isuite **Date:** February 1-4, 2016

**Trainee Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Agency:**  
FS: Forest: \_\_\_\_\_ District: \_\_\_\_\_  
Region \_\_\_\_\_ Unit: \_\_\_\_\_  
Other Agency: \_\_\_\_\_ *(Ranger Unit/Station)*

*(County – City – OES – CHC Student – NPS – BLM – USCG / Use your three letter designator.)*

**Work Address:** \_\_\_\_\_  
*(Mailing Address of your unit headquarters.) (City – State – Zip Code)*

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Supervisor Name/Title** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Training Officer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

RETURN THIS FORM TO THE  
**TRAINING CENTER**  
**BY COB:**

**January 18, 2016**