



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: February 11, 2015

SUBJECT: Training Instructor 1A

TO: Course Participant

You have been selected to attend the Training Instructor 1A (Fire Instructor 1A) course at the Danny Rhynes Interagency Training Center on March 9-13, 2015. **Class will begin at 0900 hours on Monday, March 9 and conclude at approximately 1700 hours on Friday, March 13.** There are no prerequisites for this course.

What to bring to class on the first day:

1. Laptop computer with table-top portable printer for lesson plan development and classroom exercises.
2. Printer paper, CD's, Thumb Drives, pen, pencils, and any other office supplies that you think may be necessary to assist you in your lesson plan development.

The course topics include: concepts of learning, course outline development, constructing behavioral objectives and lesson plans, developing instructional aids, testing, test planning, and evaluation tools and techniques.

Throughout the course duration, each student will be required to complete several after class homework assignments that will be due for presentation the following day. Please be prepared to spend additional time on your assignments and projects as assigned by your instructor. You will be required to present your project and ideas in front of the class as you learn a variety of instructional techniques.

******* ALL STUDENTS*******

Please complete and return the pre-registration form to the training center no later than close of business **Monday, February 23, 2015. FAX copies are sufficient.**

Tuition

Your tuition cost is \$450.00

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 February 23, 2015.**

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).

Travel : Please click on the following link for hotels, maps, and local area information.
<http://www.fs.usda.gov/goto/sanbernardino/travel>

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

Kristel Johnson

Danny Rhynes Training Center Manager

Enclosures:

Student Pre-Registration Form

PRE-REGISTRATION FORM
DANNY RHYNES INTERAGENCY TRAINING CENTER

FAX: 909-382-4192

Or email to drtc@fs.fed.us

ALL Blocks MUST be Completed

Course

Title: Training Instructor 1A **Date:** March 9-13, 2015

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:**

February 23, 2015