



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

# **Training Announcement**

## **L-280 Followership to Leadership**

### **Nominations due April 30th, 2012**

**Minimum number of students: 15**

**Maximum number of students: 30**

**COURSE DESCRIPTION:** This training course is designed as a self-assessment opportunity for individuals preparing to step into a leadership role. The course combines one day of classroom instruction followed by a second day in the field with students working through a series of problem solving events in small teams (Field Leadership Assessment Course). Topics include: leadership values and principles, transition challenges for new leaders, situational leadership, team cohesion factors, and ethical decision-making.

**OBJECTIVES:**

- Students will demonstrate an understanding of fundamental leadership principles.
- Students will assess their individual traits and motivation for entering into a leadership role.

**DATES OF CLASSES:**

May 29<sup>th</sup>-30<sup>th</sup> @ 0800-1700

**PREREQUISITES:**

Experience on incident assignments in operations or support functions  
Human Factors on the Fire-line (L-180)  
Completion of pre-course work assignment

**LOCATION:**

Naches Ranger District  
10237 US Hwy. 12  
Naches WA. 98937

**LEAD INSTRUCTOR:**

Jason Obringer

**COURSE COORDINATOR:**

Julius Sims

**MAIL, E-MAIL, OR FAX  
REGISTRATIONS TO:**

Attn: Julius Sims  
10237 US Hwy. 12  
Naches WA. 98937  
Fax # (509) 653-2638



**EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

Course Number <b>L-280</b>		Course Name <b>Followership to Leadership</b>			PRIORITY ____ of ____		
IQCS Session Number N/A		Course Location <b>Naches Ranger District</b>			Course Date(s) <b>May 29-30 2012</b>		
Course Tuition (if required) N/A		Course Coordinator Name (First Last) <b>Julius Sims</b>			Course Coordinator Phone Number <b>(509) 244-2425</b>		
Course Coordinator E-Mail <a href="mailto:jbsims@fs.fed.us">jbsims@fs.fed.us</a>		Course Coordinator FAX Number (509) 653-2638			Date Submitted		
Employee's IQCS ID Number:							
Nominee's Name (First MI Last)							
Working Job Title				E-Mail			
Agency Name				Fax			
Home Unit		Nominee's Mailing Address (if different)					
Street		Street					
City		State		City		State	
Zip		Telephone		Zip		Telephone	
List training completed and dates pertinent to this course:							
List your past qualifications pertinent to this course:							
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)							
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)							
Remarks:							