

CALIFORNIA FIRE CHIEFS ASSOCIATION NORTHERN CALIFORNIA FIRE PREVENTION OFFICERS FIRE SERVICE EDUCATION COMMITTEE



Become a member of NorCal at www.firepreventionofficers.org

Community Risk Educator (flyer updated 1/8/16)

Dates: February 17-19, 2016 Time: 0800 - 1630

Location: Cosumnes CSD Fire Department Training Facility 10573 E. Stockton Blvd Elk Grove, CA 95624

Class Description: This interactive course provides the skills and knowledge needed for the Community Risk Educator to perform his/her duties by coordinating and delivering existing educational programs. Class topics include identifying community resources and partnerships, selecting and presenting fire and life safety materials and evaluating programs.

Instructor: Jennifer Rubin – Injury Prevention Program Lead and Safe Kids Greater Sacramento Coalition Coordinator at Dignity Health Mercy San Juan Medical Center. Co-chair, NorCal Fire Prevention Officers Public Education Committee. Served as Public Education Officer at the Cosumnes CSD Fire Department for seven years.

Required Textbook: IFSTA Fire & Life Safety Educator, 3rd Edition ISBN: 978-087939396-0

Course Prerequisites - Must be completed before attending course, please bring copies of certificates to class or send to Jennifer.Rubin@dignityhealth.org:

- Fire Prevention I: Fire & Safety Inspections
- Instructor I: Instructor Methodology OR Training Instructor 1A Cognitive Lesson Delivery
- Three college-level units in Introduction to Fire Technology
- Introduction to Incident Command System I-100
- National Incident Management System (NIMS): An Introduction 700

PRE-REGISTRATION REQUIRED! Payment must be received prior to class.

If you would like to become a member of NorCal please go to www.firepreventionofficers.org and click the Membership tab.

Cost: Mail to:	\$150 Norcal/Calbo Members [4472] \$175 Non-Members [4472] Northern California Fire Prevention Officers (NorCal FPO) 950 Glenn Drive, Suite 150, Folsom, CA 95630 916.442.0307 916.233.1266 Fax info@firepreventionofficers.org						
Name				NorCal/CalB	O Member	_Yes_	_No
Agency/Organ	nization						
City/State/Zip							
Payment Opt	ions		Total amount	t \$			[4437]
Credit Card	o MasterCard	o Visa	Check Payable to NorCa	l/Check # or	PO#		
Card Number_				Exp	.Date	VCoc	de
Card Address	(if different from abo	ve)					
City				State	Zip		
Name on Card	1		Signature				