Course Description:

This 3-day course is for individuals involved in exercise programs and/or exercise design, development, conduct, evaluation, and improvement planning.   The Homeland Security Exercise and Evaluation Program (HSEEP) Training Course is an intermediate-level training course that incorporates exercise guidance and best practices from the HSEEP Volumes. Throughout the course, participants will learn about topics including exercise program management, design and development, conduct, evaluation, and improvement planning.

The HSEEP Training Course is an interactive course that allows participants to share personal lessons learned and best practices while gaining practical experience. In addition to the instructor led course presentations, the course includes small group activities, videos, group discussions, and introductions to HSEEP and capabilities-based planning (e.g., TCL and UTL). This blended approach will give participants hands-on experience that readily translates to real-world exercise responsibilities. Activities include creating exercise documentation, conducting exercise planning conferences and briefings, and practicing exercise evaluation. There will be 2.5 CEUs awarded upon successful completion of this course.

Course Date:	September 13-15, 2010
Application Deadline:	September 3, 2010
Time of Course:	7:30-8:00 AM Registration on Day 1. Course time: 8:00 AM-5:00 PM.
Location:	Owens State Community College Center for Emergency Preparedness 30150 Tracy Road Walbridge, Ohio

Prerequisites:

IS-120.A: *An Introduction to Exercises-* http://training.fema.gov/EMIWeb/IS/IS120A.asp **Note: A copy of the IS-120.A certificate of completion must be turned in the first day of the course.**

Enrollment

Students are encouraged to enroll via the Ohio EMA Training website: http://ema.state.oh.us/training If you do not have access to the Internet you may mail or fax the attached enrollment application. Students choosing to mail or fax their applications should understand that it might take considerably longer to process their application than if they submit it via the Internet. **Applications are not necessarily approved based on the order of receipt.** Applicants will be notified via a confirmation letter/e-mail in regards to their enrollment status after the registration deadline. Students wishing to register via the Internet and experiencing difficulties should call Ohio EMA Training at (614)799-3824/3680 for assistance with registration.

NOTE: NO LODGING OR LODGING REIMBURSEMENT WILL BE PROVIDED FOR THIS COURSE. ADDITIONALLY, NO MEALS OR MEAL REIMBURSEMENT WILL BE PROVIDED FOR THIS COURSE

You can check your enrollment/approval status via the Ohio EMA Training website: http://ema.state.oh.us/training.

Please refer to the Ohio EMA Training website at http://ema.state.oh.us/training for additional information.

State of Ohio Point of Contact:	**Owens State Community College Point of Contact:**
Darren Price, MEP Exercise Program Manager Ohio Emergency Management Agency (614) 799-3660 deprice@dps.state.oh.us	Michael Cornell, Director Center for Emergency Preparedness Owens State Community College (567) 661-2689 michael_cornell2@owens.edu

COURSE REGISTRATION FORM
PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Name:	Current Job Position:
Last four numbers of Social Security Number	

Name & Address of Organization Represented:

County: ——————————————

Home Address:	Work Phone:
	Home Phone:
	Fax:
	E-Mail Address:
	Male ☐ Female ☐

| Course Name: | Course Date(s) Requested: |

Complete the information below regarding the pre-requisites for the course for which applying.

Facility	Degree/Certificate	Date Earned	Course/Field of Study
_____	_____	_____	_____

Do you have any disabilities (including allergies or medical conditions) which require special consideration?   Yes ☐   No ☐   If yes, please describe:

Briefly describe your activities or responsibilities as they relate to the course for which you are applying, and identify how you will use the information obtained from this course:

"I certify that the information recorded on this application is correct. I agree to abide by the policies stated in the most recently published Ohio Emergency Management Agency Training Catalog."

_____/_____
Applicant's Signature   Date

_____/_____   _____/_____
Supervisor's Signature   Date   County EMA Director's Signature   Date

Send Applications to: Lisa Jones, Training Officer
Ohio Emergency Management Agency
2855 West Dublin Granville Road
Columbus, OH 43235-2206
Fax: (614) 799-3831

Applications must be received no later than the course registration deadline date to be given consideration.