

**Homeland Security Exercise and Evaluation Program (HSEEP)
Training Course (L-146)
Delivered by Ohio EMA/ Paratus Solutions
January 11-13, 2011**

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 2.4 CEUs awarded upon successful completion of this course.

Course Date: January 11-13, 2011

Application Deadline: December 31, 2010

Time of Course: 7:30-8:00 AM Registration on Day 1.
Course time: 8:00 AM-5:00 PM.

Location: Franklin County Emergency Management and Homeland Security
5300 Strawberry Farms Boulevard
Columbus, OH 43230-1049

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.ohio.gov/Training.aspx> 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 WILL BE PROVIDED FOR THIS COURSE.

You can check your enrollment status via the Ohio EMA Training website: <http://ema.ohio.gov/Training.aspx>

Please refer to the Ohio EMA Training website at <http://ema.ohio.gov/Training.aspx> for additional information.

State of Ohio Point of Contact:

Darren Price, MEP
Exercise Program Manager
Ohio EMA
(614) 799-3660
dprice@dps.state.oh.us

Paratus Solutions Point of Contact:

Melissa Rose, MEP
Preparedness Project Manager
Paratus Solutions
(614) 360-2426 ext. 103
mrose@paratusolutions.org



COURSE REGISTRATION FORM
PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Name:	Current Job Position:
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Last four numbers of Social Security Number	
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Name & Address of Organization Represented:

County: _____

Home Address:	Work Phone:
	Home Phone:
	Fax:
	E-Mail Address:
Male <input type="checkbox"/> Female <input type="checkbox"/>	

Course Name:	Course Date(s) Requested:
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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
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Supervisor's Signature	Date	County EMA Director's Signature	Date
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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.