FEMA National Exercise Division Contact Information Request Form

National Exercise Division
800 K St, NW, Suite 220
Washington, D.C. 20472

Submit by E-mail

Personal Information: *Enter your personal information in the tabs below.*

Last Name:

First Name:

Office Phone: Mobile Phone:

E-mail Address:

FEMA Region: Country: US

Exercise Training: *Select each course(s) you have completed.*

N/A
Homeland Security Exercise and Evaluation Program Mobile Training Course
IS - 00100.a: Introduction to the Incident Command System
IS - 00120.a: An Introduction to Exercises
IS - 00130: Exercise Evaluation and Improvement Planning
IS - 00230.a: Principals in Emergency Management
IS - 00546.a: Continuity of Operations Awareness
IS - 00700.a: NIMS Introduction
IS - 00800.b: Introduction to the National Response Framework
Master Exercise Practitioner Program (MEPP)

National Exercise Program Nomination Form

If you would like your exercise to be considered for participation in the National Exercise Program (NEP), please check the below box to receive the NEP Nomination Form.

☐ Yes, I would like to receive the NEP Nomination Form.

Please continue to the next page...

Current Organizational Information: *Check the level that applies to your current place of employment, and choose from the drop-down menus below.*

☐ **Federal**

Department / Agency:

Component:

SubComponent / Other (write in):

☐ **State**

State:

Agency (write in):

☐ **Local**

Local Jurisdiction / UASI (write in):

☐ **Territorial / Tribal**

Territory:

Federally Recognized Tribe (write in):

☐ **International / Private Sector / Other**

Country:

Company / Other (write in):

Please continue to the next page...

Exercise Information:

Check the box(es) in each category in which you have experience. Check all that apply.

Program:

- N/A
- National Level Exercise
- Principal Level Exercise
- Senior Level Exercise
- National Special Security Event
- Anthrax Response Exercise Series
- Regional Exercise Support Program
- Terrorism Prevention Exercise Program

Scenario:

- N/A
- Nuclear Detonation - 10-Kiloton Improvised Nuclear Device
- Biological Attack - Aerosol Anthrax
- Biological Disease Outbreak - Pandemic Influenza
- Biological Attack - Plague
- Chemical Attack - Blister Agent
- Chemical Attack - Toxic Industrial Chemicals
- Chemical Attack - Nerve Agent
- Chemical Attack - Chlorine Tank Explosion
- Natural Disaster - Major Earthquake
- Natural Disaster - Major Hurricane
- Radiological Attack - Radiological Dispersal Devices
- Explosives Attack - Bombing Using Improvised Explosive Devices
- Biological Attack - Food Contamination
- Biological Attack - Foreign Animal Disease (Foot and Mouth Disease)
- Cyber Attack
- Active Shooter
- Hostage Situation
- Vehicle-borne Improvised Explosive Device

Role:

- N/A
- Actor
- Controller
- Evaluator
- Facilitator
- Planner
- Player
- Simulator
- VIP
- Other

Once you have finished, click "submit" to send your information to NEP@fema.dhs.gov.

Thank you very much for your time.

Submit by Email