

Regional Training and Exercise Work Shop

Exercise Credit for EMPG Grant



POST EXERCISE

NOTE: Please return completed form to Regional Director once completed for EMPG credit

Region:

County/Tribe:

Name of Exercise:

Exercise Date:

Type of Exercise:

| | | | |
|--------------------------|-----------------|--------------------------|-------------------|
| <input type="checkbox"/> | Workshop | <input type="checkbox"/> | Table Top |
| <input type="checkbox"/> | Game | <input type="checkbox"/> | Functional |
| <input type="checkbox"/> | Drill | <input type="checkbox"/> | Full Scale |
| <input type="checkbox"/> | Seminar | | |

EMPG Exercise Credit for Year 20__ : 1 2 3

I _____ participated in the exercise detailed above and my position is EMPG funded.

Participant Signature: _____ **Date:** _____

Verified by (Supervisor or Exercise Facilitator):

Name: _____ **Title:** _____

Signature: _____ **Date:** _____