Master Exercise Practitioner Program Application Questionnaire

The information provided on this questionnaire, along with information provided on FEMA Form 119-25-1, will be the basis for section into the Master Exercise Practitioner Program

Name:	**For Review Panel Use:**
Government Level: (Federal, State, Local, Other…)	
Agency/Organization:	Series # _____, Group # _____

Questionnaire Instructions:

- Please type.
- Please provide all information requested and be concise in your responses (if you have no experience in any of the areas listed, please list that, if you have a success story to share, please list that, etc.).
- Please do **NOT** include a resume.
- When writing responses it's important to remember that acceptance into the MEPP is *not the place to gain experience*, but rather the place to refine your skills and network with other exercise professionals. For that reason, it's important you have the knowledge to share with your classmates.

1. **Describe** your experience/involvement with each of the following:
   a. Exercise Program Management
   b. Exercise Director
   c. Exercise Planning Team Leader
   d. Facilitator (TTX)
   e. Controller
   f. Simulator
   g. Senior Controller
   h. Evaluator
   i. Lead Evaluator

2. What challenges have you faced with each of the following roles:
   a. Exercise Planner
   b. Facilitator
   c. Evaluator
   d. Controller
   e. Simulator

3. How will acceptance/attendance into the Master Exercise Practitioner Program improve your individual exercise capabilities?

4. How will acceptance/attendance into the Master Exercise Practitioner Program improve your agency's exercise program?

5. How many of the following types of exercises have you designed:

Exercise Type	Number Completed	HSEEP Consistent? (Yes/No) *
Workshop		
Seminar		
TTX		
Functional Exercise		
Full-Scale Exercise		

*If you indicate your exercises are not consistent with HSEEP, it will not be counted against your rating/score during the review panel's assessment of your application. It is for informational purposes only.

Commitment Statement

The Master Exercise Practitioner Program (MEPP) consists of three 4-day resident courses held at the Emergency Management Institute (EMI) over a period of 12 months. It also includes take-home assignments in between classes and presentation preparing during courses. By signing this statement, I commit to participate fully in the MEPP in-class and between-class activities; including attending and completing each course in sequence along with my series and successfully completing the two take-home assignments using my work and only my work.

_____ _____

Applicant Signature Supervisors Signature