

APPLICATION FOR THE MASTER EXERCISE PRACTITIONER PROGRAM

PRIVACY ACT INFORMATION

The information contained on this page is subject to the Privacy Act of 1974

TAB 1 – CANDIDATE INFORMATION

Instructions: Before completing the application, save the file to your PC using “Save as other” and selecting “Reduced size PDF.” Once saved, complete the entire application (Tabs 1–5) using font/size of **Arial/10**. After completing the application, return the file to FEMA-EMI-IEMB@fema.dhs.gov using the following file name: **LastnameFirstname.MEPP.FY28**

Candidate's Information

First and Last Name:			Position/Title:		
Organization Type (Select One): Other		Other Organization Type:			
Organization:					
Location (City & State):					
Discipline (Select One): Other		Other Discipline:			
Email Address:			Phone #:		
Check if previously applied to MEPP ☐ Check if graduate of NEMBA 2018 or later ☐					
Check if Completed (Select all that apply): ☐ 0050 ☐ 0131 ☐ 0139 ☐ 0146 ☐ IS100 ☐ IS120 ☐ IS130					
☐ IS200 ☐ IS230 ☐ IS235 ☐ IS700 ☐ IS800 ☐ IS2200					

Cover Letter

[illegible]

TAB 2 – RELEVANT EXERCISE EXPERIENCE

Name: _____

Use only the space provided to provide your most important and relevant experience, associations, education, training, and anything else you believe should be considered. Do not add attachments.

Emergency Management Job Experience in the Last 5 Years

Employed or Directly Connected (ex. Volunteer) with Emergency Management (EM). Examples: Federal, State, Tribal, Local, Consortium EM Agencies, Public Health, Higher Education, School Systems, NGO, or Private Sector Business Continuity/EM). **PROVIDE SPECIFIC EXAMPLES LIKE: Feb 2021–Mar 2023; 2 yrs; State Exercise Officer.**

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HSEPP Exercises Within the Last 5 Years in Which You Have Played a Lead Role

For each, provide: Exercise Name and Date (month/year); Exercise Type (Tabletop, Functional, Full-Scale, Game, Drill); Your Specific Role (Exercise Director, Lead Exercise Planner, Controller, Lead Evaluator, MSEL Manager, etc.); Brief Description (1–2 sentences) of your primary responsibilities.

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From one of the exercises you listed above, describe a specific challenge you encountered during the HSEEP cycle, and how you addressed it.

Other important exercise-related information you wish for the panel to know

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TAB 3 – COMMITMENT STATEMENT

The Master Exercise Practitioner Program (MEPP) includes two 4-day resident courses (E0132 and E0133). Between these courses, you will complete homework assignments, and within 2 years of completing E0133, you will conduct an unclassified Functional or Full-Scale Exercise. Upon completion of this exercise, you will present it during a designated K0136 MEPP Capstone, which will be held virtually. The Homeland Security Exercise and Evaluation Program (HSEEP) serves as the standard for evaluating your Capstone.

By signing the last tab of this package, I commit to attending both resident courses, completing all homework assignments between the courses, and conducting either an operations-based Functional Exercise (FE) or a Full-Scale Exercise (FSE). I also commit to following HSEEP guidelines as closely as possible during the design, development, conduct, and evaluation of my Capstone exercise. I understand that if I am unable to complete the program within 2 years of acceptance to MEPP, for any reason, I will be removed from the program.

By signing the last tab of this package, I affirm my active contribution to my agency's/organization's exercise program and my intention to continue serving as an exercise professional.

Does your agency/organization have an FE or FSE within the next 2 years that can be used as a MEPP Capstone exercise?

☐ Yes

☐ No

Is this exercise listed on your organization's Integrated Preparedness Plan (IPP) or equivalent?

☐ Yes

☐ No

Approximate conduct date _____

The class schedule, which includes the following courses, can be found on the [Master Exercise Practitioner Program](#) website.

- E0132: Exercise Foundations, Program Management, Design & Development
- E0133: Exercise Conduct, Evaluation and Improvement Planning
- K0136: Master Exercise Practitioner Capstone

I,

(name)

understand and agree to the requirements of completing all activities of the
Master Exercise Practitioner Program.

Additional Instructions:

- *You and your supervisor will endorse this Commitment Statement at Tab 5.*
- *Please do not add a signature field to this tab.*
- *To sign Tab 5, click once in the signature field, then either select your ID or create a new one by clicking "Configure a new Digital ID" then "Create a New Digital ID."*

TAB 4 – QUESTIONNAIRE

Name: _____

Your answers will be reviewed by the selection committee to determine the most qualified candidates.

Use only the space provided for each question. Do not add attachments.

1. What percentage of your job duties are focused on HSEEP exercises?

☐ 0–24%

☐ 25–49%

☐ 50–74%

☐ 75–100%

Allocate your exercise-related work time across the following HSEEP areas. Ensure your allocations total 100%.

_____ Program Management

_____ Design and Development

_____ Exercise Conduct

_____ Evaluation

_____ Improvement Planning

2. Describe how exercises fit into your jurisdiction's/agency's overall preparedness program. Include risk assessments and Integrated Preparedness Plan (IPP) in your answer.

(Max 2000 characters; about 350 words)

3. Describe an HSEEP-consistent exercise you led or played a significant leadership role in that produced measurable improvement in your jurisdiction/agency preparedness. What specifically changed as a result? For example, plans revised, equipment procured, training conducted, policies updated, or interagency agreements established.

(Max 1700 characters; about 300 words)

4. Describe which elements of the HSEEP doctrine you most frequently use and which you least frequently use. Explain why these elements are or are not used and discuss how their use affects your organization's exercise planning, conduct, evaluation, and improvement planning.

(Max 1700 characters; about 300 words)

TAB 5 – ENDORSEMENT AND SIGNATURES

Supervisor: The selection panel finds recommendations helpful in choosing from among highly qualified candidates. Please use the space provided to help us get a better understanding of this candidate.

Recommendation Letter

Signatures

My signature below acknowledges that I am applying to the Master Exercise Practitioner Program and that I am committed to completing the program requirements as defined in the commitment statement. I understand that my attendance is subject to selection by the approving authority. I agree to submit to inquiries for additional information, and I understand that any false statement or misrepresentation made in the course of these proceedings may result in the revocation of this application. I give permission for verification of information contained herein.

Candidate's Signature:

My signature below acknowledges that I fully support and endorse this candidate's application to the Master Exercise Practitioner Program. I understand the attendance requirements and agree to release the candidate from work to attend and fully participate as defined in the commitment statement.

Supervisor's Signature: