

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 the file save of “Other 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.FY26**

Candidate’s Information

First and Last Name:		Position/Title:	
Organization Type (Select One):	Other Organization Type:		
Organization:			
Location (City & State):			
Discipline (Select One):	Other Discipline:		
Email Address:		Phone #:	
Check if previously applied to MEPP <input type="checkbox"/>		Check if graduate of NEMBA 2018 or later <input type="checkbox"/>	
Check if Completed (Select all that apply): <input type="checkbox"/> PPP <input type="checkbox"/> MPIO <input type="checkbox"/> Master Trainer <input type="checkbox"/> NEMAA <input type="checkbox"/> Other			
<input type="checkbox"/> 0139 <input type="checkbox"/> 0050 <input type="checkbox"/> 0051 <input type="checkbox"/> 0131			

Cover Letter

TAB 2 – RESUME

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 Exercise Experience

(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 2007–Mar 2009; 2 yrs; State Exercise Officer.**

-
-
-
-
-
-
-
-
-

HSEPP Exercises you have played a lead role in

List the HSEPP exercises you have participated in as exercise staff. Specify the roles you have served in and list your contributions.

-
-
-
-
-
-
-
-
-

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

-
-
-
-
-
-
-
-
-

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 a Capstone exercise. Upon completion of your Capstone, you will present it on a designated date (K0136), 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, execution, 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 need to restart the program.

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

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 led you to apply to the Master Exercise Practitioner Program (MEPP), and how does completing the MEPP align with your professional goals?

(Max 2000 characters; about 350 words)

2. What was your role in your organizations/agency's last IPPW?

(Max 2000 characters; about 350 words)

3. What was the most challenging aspect of creating SMART objectives for your last exercise?

(Max 1700 characters; about 300 words)

4. Provide an example of a challenge you faced as exercise staff in an HSEEP exercise. How did you address it? Describe specific actions you took to resolve the challenge.

(Max 1700 characters; about 300 words)

5. Tell us about an exercise that you conducted (or played a leadership role in) that contributed to moving the preparedness needle within your community. Provide specific items that were modified or changed because of your exercise. (ex: Plans revised, equipment purchased, training conducted).

(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: