

COOP Managers and Planners Workshop for Law Enforcement (LE) agencies PILOT



Location: T B A

Dates: **September 29, and 30, 2014**

Time: **8:00 a.m. - 4:30 p.m. each day**

Recommended Prerequisites:

- : [FEMA Independent Study Course IS547.a](#) *An Intro to COOP is highly recommended.*

Course Purpose:

This is a **PILOT workshop**. This course is designated specifically towards law enforcement agencies. The primary purpose is to seek input on what agencies need to do to work through the COOP process and explore best methods to achieve. Topic's will include:

- Assess your agency's current continuity plans
- Relate the planning steps to each phase of COOP
- Identify key persons who should be included in the COOP process
- Identify areas requiring more detail in your current continuity plans and develop strategies for resolving them
- Analyze the risks and vulnerabilities related to your primary facility and the selection of alternate facilities
- Revise or develop your organization's continuity plans
- Develop a strategy for test, training and exercising your continuity plans

Target Audience

The target audience for this course is law enforcement agencies and personnel directly responsible for writing, managing and implementing COOP plans and procedures for their organization. Class size limited to 20,

NJSP OEM Registration is required:. Fill out the application completely and **email it to Theodore Cashel at lppcasht@gw.njsp.org**, or **fax it to 609-671-0160**. You will be contacted by email when your application is received. **Do not send it to EMI.**

Information on how to obtain a SID# can be found at: <http://www.training.fema.gov/Apply/>

Contact NJOEM State Training Officer Theodore Cashel for more information at office number 609-963-6214 or 609-882-2000 extension 6214.



**STATE OF NEW JERSEY
NEW JERSEY STATE POLICE
OFFICE OF EMERGENCY MANAGEMENT
P.O. BOX 7068 WEST TRENTON, NJ 08628 - 0068**



Complete application using Adobe Acrobat software version 7.0 or newer.
Only readable applications will be accepted.

Start by using TAB key on your Keyboard PLEASE TYPE OR PRINT

First Name Middle Initial Last Name

M ___ F ___
Sex Job Title

(HOME INFORMATION)

(_____) _____
Phone Number email
Emergency # we can call in case class is cancelled at the last minute

Street / P.O Box _____ City _____

County _____ State _____ Zip _____

(WORK INFORMATION)

(_____) _____
Phone Number Employer
Emergency # we can call in case class is cancelled at the last minute

Street / P.O Box _____ City _____

County _____ State _____ Zip _____

Do you have any disabilities which would require special consideration during your attendance at the course? No ___ Yes ___


Please describe and indicate and special consideration required on a separate sheet.

COURSE INFORMATION

Enter Course Requested Date of course

List any prerequisite course (if applicable)

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL

Signature of applicant: _____  Date _____

Signature of _____ Date: _____

Applicant signs application forwards to _____ for signature and approval. Completed Applications are forwarded to State OEM for processing. (as applicable)

Submission via email but will accept Fax signed applications to Field Training Unit at 609-671-0160

If the box to the left is checked You will need to obtain and or list your SID number
Go to www.fema.gov or <https://cdp.dhs.gov/femasid/> to apply for SID number