

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:

	Workshop		Table Top
	Game		Functional
	Drill		Full Scale
	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:** _____