



Maryland Police and Correctional Training Commissions

Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784

Phone - (410) 875-3513

Fax - (410) 875-3511

PROGRAM NAME: Threat and Risk Assessment (MGT-310)
PROGRAM DATE(S)/TIME: December 15 - December 16, 2010 (8:00 am - 5:00 pm)
PROGRAM LOCATION: Sykesville, MD
PROGRAM COST: Free
CLOSING DATE: December 07, 2010

DESCRIPTION: This course prepares emergency response managers and community leaders to conduct a comprehensive, capabilities-based threat and risk assessment for a weapons of mass destruction (WMD)/terrorism/all-hazards incident under the National Response Framework (NRF) and Homeland Security Presidential Directives. Participant activities focus on the jurisdictional process for determining ability to respond to chemical, biological, radiological, nuclear and explosive (CBRNE) and all-hazards events and the development of the needs assessment to fill gaps identified within the solution areas. The assessment incorporates the State Homeland Security and Strategy (SHSAS) processes. The course delivery combines lecture, small group discussions, participant activities and multimedia scenarios to improve the multidisciplinary emergency team's capability to prevent, protect, respond to, or recover from CBRNE/all-hazards mass casualty events.

STUDENT NAME: Certification Number:

Agency Name:

Agency Address:

City: County: State: Zip:

Training Coordinator/Designee: Email

Telephone: () - Fax: () -

Emergency Contact Number for Student*: () -

*Will only be used if the course is being cancelled within 72 hours of the scheduled date.

Students will be notified of their status (Registered or Wait List) within five business days of the closing date using the email or contact number provided.

By signing below, I certify that the information above is true and correct. I also acknowledge that my agency may be billed for the training in the event that I (or my designee) fail to cancel the participant's training, in writing, within 72 hours of the initial date of the training.

Signature Department/Agency Head** Printed Name Date

**This form must be signed by the Agency Head or his/her designee.

Mail or Fax original form to: MPCTC
Attn.: Kathy Prieur
6852 4th Street
Sykesville, MD 21784
(410) 875-3511, fax

Questions may be directed to Kathy Prieur at (410) 875-3513 or via email kprieur@dpscs.state.md.us