

Training Bulletin



Emergency Operations Training Program Workshop II Continuity of Operations/Continuity of Government Plan Construction and Implementation

Tuition Free!!

Prerequisite: COOP/COG Program Development & Data Collection Workshop

**DATES: August 23-24, 2006
August 28-29, 2006**

**LOCATION: Governor's Office of Emergency Services
Multi Purpose Room
3650 Schriever Avenue
Sacramento, CA**

Continuity of Operations and Continuity of Government Plan documents serve as the overarching strategy, policies, and procedures for the continuity of operations should a disaster strike. The Governor's Office of Emergency Services (OES) serves as the lead state agency for preparedness for the State of California. Executive Order S-04-06 states that by September 30, 2006, all Executive Branch agencies shall update their Continuity of Operations/Continuity of Government plans and submit them to their Cabinet Secretary and the Director of the Office of Emergency Services and include procedures for the testing and exercising of these plans.

This workshop addresses Resumption Strategies, Plan Activation, Plan Concept of Operations, Team Development, Plan Construction, and Training and Exercising. Participants will be given guidance on how test and exercise their plans. Because COOP and COG plans are living documents, a "lessons-learned" training module will be provided to teach participants how to refine COOP and COG Plans using exercises and real-world events.

Each class is limited to 40 participants on a first come, first registered basis. Insufficient enrollment may mean that a session is cancelled. Please register as soon as your time commitment is certain.

TUITION: Free to the participant.

Apply immediately using the form below or online at www.csti.ca.gov. An information packet and map will be sent prior to the course. For course content questions send email to coopcog@oes.ca.gov

EMERGENCY OPERATIONS TRAINING PROGRAM COOP/COG Plan Construction and Implementation - Workshop II Date: (please specify date) _____

Name: _____ Title: _____
Agency: _____
Address: _____
City: _____ State: _____ Zip: _____ SS# _____
Work Phone: _____ FAX: _____ E-Mail: _____
Send Confirmation To: _____ E-Mail: _____

Do you have any disabilities (including special allergies or medical conditions) that requires special consideration during your attendance? Yes__ No__ If so, please indicate on a separate piece of paper.

**Please fill out this application and mail or FAX to: CSTI - P.O. Box 8123, San Luis Obispo, CA 93403-8123.
For registration information contact Georgina Leathem, (916) 845-8258 FAX (916) 845-8384.**