**Request for Coalitions to Participate in the**

***Health Care Coalition Response Leadership Course***

**2017 Course Offerings**

We are recruiting health care coalitions to participate in the *Health Care Coalition Response Leadership Course* developed by ASPR’s National Healthcare Preparedness Programs and FEMA’s Center for Domestic Preparedness (CDP), Anniston, Alabama.

**Course purpose.** The purpose of the course is to provide instruction and practical experience in the best practice procedures for preparing and responding as a health care coalition leadership team to community and regional public health and medical emergencies.

**Time commitment:** Five days: one day travel to CDP Anniston, three days of instruction, one day travel from CDP Anniston.

**Course instruction length**:  3 days, 8 hours per day.

**Location:**  The course will be delivered in residence at FEMA’s CDP in Anniston, Alabama.

**Class size:**  Three coalitions with 9 participants per coalition, total of 27 participants.

**Target audience.** The target audiences for this course are hospital leaders, public health leaders, emergency medical service leaders, and emergency management leaders.

**To ensure an optimal student experience for the course, participants from each coalition should include representatives from the following disciplines:**

         Hospital Leaders (2 participants)

         Emergency Medical Services Leaders (2 participants)

         Emergency Management Leaders (2 participants)

* Public Health Agency Leaders (2 participants)
* One additional coalition representative from any of the above disciplines (1 participant)
* ***At least one of the above 9 participants must be a nurse or physician***

**Cost**: *Course participation is free for non –federal attendees.  Travel, lodging, and meals will be provided for non-federal participants who are registered through CDP for the course.  (Note there are rare exceptions to this.)*

**2017 HEALTH CARE COALITION RESPONSE LEADERSHIP COURSE**

**COURSE DATES AND APPLICATION DEADLINES**

NOTE: TRAINING WEEK NUMBERS CORRESPOND TO CDP ANNISTON TRAINING WEEKS

* **Training Week 18 - Travel Monday 30 Jan, Class Tuesday –Thursday, Return Travel Friday 3 Feb**

***Deadline for application submissions: COB DEC 5 2016, COURSE FILLED***

* **Training Week 21 - Travel Tuesday 21 Feb, Class Wednesday-Friday, Return Saturday 25 Feb 2017 (note: President’s Day Monday 20 Feb)**

***Deadline for application submissions: COB Tuesday 10 Jan 2017***

* **Training Week 29 - Travel Monday 17 Apr, Class Tuesday –Thursday, Return Travel Friday 21 Apr 2017**

***Deadline for application submissions: COB Tuesday 21 Feb 2017***

* **Training Week 41 - Travel Sunday 9 Jul, Class Monday – Wednesday, Return Travel Thursday 13 Jul 2017**

***Deadline for application submissions: COB Monday 15 May 2017***

* **Training Week 51 - Travel Monday 18 Sep, Class Tuesday –Thursday, Return Travel Friday 22 Sep 2017**

***Deadline for application submissions: COB Monday 24 July 2107***

**2017 HEALTH CARE COALITION RESPONSE LEADERSHIP COURSE**

**APPLICATION PROCESS**

***READ CAREFULLY***

* A coalition may submit application(s) for one or more course dates.
* Coalitions should complete and *submit a separate application for each date* they are applying for.
* One application cannot be used for multiple dates.
* Applications submitted for one course date will not be considered for other course dates.
* To be considered, applications must be complete and submitted by the application deadline for each course.
* Applications will be considered complete only if all 9 of the coalition’s confirmed participants, including their names and titles, are identified and submitted at the time of the original application.
* NHPP will review all applications received for a course shortly after the each course’s application submission deadline.
* All applicants for a course offering will be notified whether or not they have been selected to participate in that course shortly after all applications have been reviewed.
* After notification of acceptance to a course, NHPP will connect the coalition’s POC to CDP Anniston regarding registration and logistics.
* If not accepted for one course date, we encourage coalitions to apply for future course dates if they have not done so already.

**APPLICATION FOR COALITIONS TO PARTICIPATE IN THE**

**2017 HEALTH CARE COALITION RESPONSE LEADERSHIP COURSE**

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***To apply for any of the Health Care Coalition Response Leadership Courses offered in 2017 please provide the following information by COB of the deadline date for the course you are applying for.***

***Send completed applications to:*** ***Richard.Hunt@hhs.gov***

**Coalition Name / State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date application submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which one of the course Training Weeks are you applying for?**

Note: Training week numbers correspond to CDP Anniston Training Weeks.

SELECT ONLY ONE WEEK PER APPLICATION. You may use copies of this form to apply for additional date(s) at any time prior to the stated deadline(s) for each course.

\_\_\_\_\_ Training Week 21 - Travel Tuesday 21 Feb, Class Wednesday-Friday, Return Travel Saturday 25 Feb 2017

*Deadline for application submissions: COB Tuesday 10 Jan 2017*

\_\_\_\_\_ Training Week 29 - Travel Monday 17 Apr, Class Tuesday –Thursday, Return Travel Friday 21 Apr 2017

 *Deadline for application submissions: COB Tuesday 21 Feb 2017*

\_\_\_\_\_ Training Week 41 - Travel Sunday 9 Jul, Class Monday – Wednesday, Return Travel Thursday 13 Jul 2017

*Deadline for application submissions: COB Monday 15 May 2017*

\_\_\_\_\_ Training Week 51 - Travel Monday 18 Sep, Class Tuesday –Thursday, Return Travel Friday 22 Sep 2017

*Deadline for application submissions: COB Monday 24 July 2107*

**APPLICATION FOR COALITIONS TO PARTICIPATE IN THE**

**2017 HEALTH CARE COALITION RESPONSE LEADERSHIP COURSE**

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**Coalition Name / State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Restate the Training Week are you applying for (e.g., Week 41): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A single POC for communications re: application and registration:**

The POC identified should be a coalition leader.

               Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confirmation of your coalition’s 9 participants and identification of nurse or physician participant(s):**

The names and titles of all 9 participants must be submitted with the original application.

* *Hospital Leaders (2 participants)*

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Emergency Medical Services Leaders (2 participants)*

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Emergency Management Leaders (2 participants)*

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Public Health Agency Leaders (2 participants)*

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *One additional coalition representative from any of the above disciplines (1 participant)*

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* *Which of the above 9 participants is a nurse or physician? (At least one)*

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_