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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COURSE COORDINATOR’S CHECKLIST** | | | | | | | | | | |
| **COURSE CODE & NAME:** | | | Click here to enter text. | | | | | | | |
| **DATE(S):** | | Enter Date(s) | | | **LOCATION:** | | Click here to enter text. | | | |
| **COURSE COORDINATOR:** | | | | Click here to enter text. | | | | | **# of Students:** | #. |
| **L-COURSES, NIMS IMPLEMENTATION G-COURSES (i.e. ICS-300, ICS-400, etc), & TRAIN-THE-TRAINER COURSES** | | | | | | | | | | |
|  | **TASK** | | | | | **DATE** | | **NOTES** | | |
|  | Request course delivery approval through OEM State Training Officer, at least 60 days in advance | | | | | Enter Date | | Click here to enter text. | | |
| **COURSE VENUE** | | | | | | | | | | |
|  | **TASK** | | | | | **DATE** | | **NOTES** | | |
|  | Set up contract with venue owner (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Ensure venue is ADA compliant | | | | | Enter Date | | Click here to enter text. | | |
|  | Ensure appropriate parking is available | | | | | Enter Date | | Click here to enter text. | | |
|  | Check for public transportation routes | | | | | Enter Date | | Click here to enter text. | | |
|  | Identify options for meal periods (break room, restaurants) | | | | | Enter Date | | Click here to enter text. | | |
|  | Secure additional rooms for break-out activities (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Identify any security restrictions (access to location/building) | | | | | Enter Date | | Click here to enter text. | | |
|  | Confirm safety measures at venue, including fire exits and evacuation plan | | | | | Enter Date | | Click here to enter text. | | |
|  | Confirm room size is acceptable for maximum allowed students | | | | | Enter Date | | Click here to enter text. | | |
|  | Confirm location has audio/visual capabilities (speakers, podium, TV, computer) | | | | | Enter Date | | Click here to enter text. | | |
|  | Does venue require coordination and presence of IT personnel to use A/V equipment? | | | | | Enter Date | | Click here to enter text. | | |
|  | Confirm presence of required number of tables/chairs | | | | | Enter Date | | Click here to enter text. | | |
|  | Confirm presence of electrical outlets | | | | | Enter Date | | Click here to enter text. | | |
|  | Is there WiFi present? Username and password? | | | | | Enter Date | | Click here to enter text. | | |
| **COURSE INSTRUCTORS** | | | | | | | | | | |
|  | **TASK** | | | | | **DATE** | | **NOTES** | | |
|  | Ensure instructor(s) are on the OR State Certified Instructor List or the EMI L-Course Instructor List | | | | | Enter Date | | Click here to enter text. | | |
|  | Notify instructor(s) of the date, time, and location of the course | | | | | Enter Date | | Click here to enter text. | | |
|  | Provide instructor(s) a map to the location | | | | | Enter Date | | Click here to enter text. | | |
|  | Provide name of instructor(s) to security (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Coordinate with instructor(s) for who will have the slides and any printing of handouts | | | | | Enter Date | | Click here to enter text. | | |
|  | Conduct instructor call to review course logistics, roster status, agenda, and travel arrangements (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
| **COURSE MATERIALS** | | | | | | | | | | |
|  | **TASK** | | | | | **DATE** | | **NOTES** | | |
|  | Identify most current course materials through the State Training Officer and/or Instructors | | | | | Enter Date | | Click here to enter text. | | |
|  | Send digital file of student manual to students 1 week before course start date for them to print or bring electronically | | | | | Enter Date | | Click here to enter text. | | |
|  | Make student handouts (activity worksheets) for students to conduct course activities | | | | | Enter Date | | Click here to enter text. | | |
|  | Print pre-course and post-course exams | | | | | Enter Date | | Click here to enter text. | | |
|  | Print course evaluation forms | | | | | Enter Date | | Click here to enter text. | | |
|  | Create Course Agenda to include titles of units, time allotted, and instructor assigned | | | | | Enter Date | | Click here to enter text. | | |
| **COURSE** **REGISTRATION** | | | | | | | | | | |
|  | **TASK** | | | | | **DATE** | | **NOTES** | | |
|  | Enrollment Open: Closed: | | | | | Enter Date | | Click here to enter text. | | |
|  | Build Registration Page (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Identify Course Prerequisites, as listed in the National Preparedness Course Catalog | | | | | Enter Date | | Click here to enter text. | | |
|  | Verify student has completed required prerequisites | | | | | Enter Date | | Click here to enter text. | | |
|  | *For L-Courses:* Verify all parts of the student’s application (FEMA 119-25-1) is complete and signatures are present | | | | | Enter Date | | Click here to enter text. | | |
|  | Develop course flier AND/OR provide link to registration page | | | | | Enter Date | | Click here to enter text. | | |
|  | Send flier and registration instructions to State Training Officer for inclusion on State Training Calendar | | | | | Enter Date | | Click here to enter text. | | |
|  | Select students for confirmed seats from application pool, ideally no later than 4 weeks, prior to course start date and send out course confirmation letters with any added information | | | | | Enter Date | | Click here to enter text. | | |
|  | Send map of course location | | | | | Enter Date | | Click here to enter text. | | |
|  | Send reminder email 1 week prior to course start date | | | | | Enter Date | | Click here to enter text. | | |
|  | Print out roster/sign in sheet (day before course) | | | | | Enter Date | | Click here to enter text. | | |
| **PRE-COURSE SET-UP AND CONDUCT** | | | | | | | | | | |
|  | **TASK** | | | | | **DATE** | | **NOTES** | | |
|  | Make hotel and/or vehicle reservations (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Complete Travel Authorization (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Prepare and process light refreshments or working lunch request (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Print name badges and/or tent cards | | | | | Enter Date | | Click here to enter text. | | |
|  | Notify Security (send final course roster, including instructors’ names) (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Prepared light refreshments (stock coffee box or conduct a grocery run) (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Arrange tables/chairs at venue; lay out curriculum and/or handouts | | | | | Enter Date | | Click here to enter text. | | |
|  | Check presentation on A/V; check acoustics | | | | | Enter Date | | Click here to enter text. | | |
|  | Arrange name tents according to course specifics (keep table groups diverse) | | | | | Enter Date | | Click here to enter text. | | |
|  | Set up easels and chart packs. Ensure there are markers present (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Check supplies box for proper supplies (markers, pens, notebook paper, tape, stapler, post-it notes, highlighters) | | | | | Enter Date | | Click here to enter text. | | |
| **COURSE COMPLETION** | | | | | | | | | | |
|  | **TASK** | | | | | **DATE** | | **NOTES** | | |
|  | Submit roster/sign-in sheet(s), agenda, exams, and course evaluations to State Training Officer | | | | | Enter Date | | Click here to enter text. | | |
|  | Create student certificates (if applicable) | | | | | Enter Date | | Click here to enter text. | | |
|  | Email student certificates once created or received from Oregon Office of Emergency Management | | | | | Enter Date | | Click here to enter text. | | |
|  | Summarize and review course evaluations. Send to instructors. | | | | | Enter Date | | Click here to enter text. | | |
|  | Provide follow-up resources to students and instructors | | | | | Enter Date | | Click here to enter text. | | |
|  | Replenish office supplies in training box | | | | | Enter Date | | Click here to enter text. | | |
|  | Complete travel reimbursement (if applicable) | | | | | Enter Date | | Click here to enter text. | | |