



**NEW YORK STATE DIVISION OF
HOMELAND SECURITY AND
EMERGENCY SERVICES
THE STATE PREPAREDNESS TRAINING CENTER
PRESENTS:**

COMMUNITY CYBER SECURITY EXERCISE PLANNING

Course: MGT- 385

March 8-9, 2012

8:00 AM – 5:00 PM

Location

State Preparedness Training Center
5900 Airport Road
Oriskany, NY 13424

This course will be presented by The Center for Infrastructure Assurance and Security-UTSA.

You Will Learn About:

This course is designed to introduce cyber to exercise planners to help them recognize the nature and reach of cyber, so they can better help their communities prevent, detect, respond to, and recover from cyber incidents. This course teaches planning personnel how to include cyber components in their regular planning process.

At the conclusion of this course You Will Be Able To:

- Plan cyber components for future community cyber security exercises.
- Recognize how cyber can be incorporated into exercises in a meaningful way.
- Participants will be introduced to cyber topics and how cyber can impact the business operations of an organization and community.

Cost:

- There is **NO FEE** for this course.
- Travel and meals are the responsibility of the course participant.
- *****Lodging will be provided on the nights of March 7th, 8th, and 9th 2012. You are only eligible for lodging if your residence and official work station are more than 50 miles from the training center and you are a State or Local Agency First Responder from New York (see registration form).**
 - **Lodging is NOT available for Federal Employees or Private Industry participants.**

To **REGISTER** online, go to http://www.security.state.ny.us/training/training_calendar.php

For more information, contact the DHSES, OEM, Training & Exercise Unit

Phone: (518) 242-5003 ■ Email: training@dhSES.ny.gov

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TRAINING ANNOUNCEMENT**COMMUNITY CYBER SECURITY EXERCISE PLANNING**

Course: MGT- 385

March 8-9, 2012**8:00 AM – 5:00 PM****Location**State Preparedness Training Center
5900 Airport Road
Oriskany, NY 13424

You Will Benefit From: Lecture and activities will explore objectives, players, cyber injects and challenges to incorporating cyber into exercises.

You Should Attend if you are:

This course is designed for personnel with responsibility for planning and conducting exercises in their organization or the community, who need help, assistance, or training on how to address cyber issues in their exercises.

Prerequisites:

- Participants should have an understanding of the Homeland Security Exercise and Evaluation Program (HSEEP) and have familiarity with community and organizational exercises.
- The concepts and ideas delivered in IS-120.a “An Introduction to Exercises” from the Federal Emergency Management Agency may prove to be beneficial in preparation for this course.
- **AWR-136- Essentials of Community Cyber Security-** should be completed before attending this course. *This class will be delivered on 3/7 at the SPTC.*
- You must be a US citizen or have prior approval to take this course.
- The New York State Division of Homeland Security and Emergency Services reserves the right to determine eligibility for this course.

REGISTRATION & CONTACT INFORMATION

For more information contact the DHSES, OEM, Training and Exercise Unit at 518-242-5003 or by email at register@dhSES.ny.gov. This class has a capacity of 50 people. You may register either online or by faxing the application. • Online http://www.security.state.ny.us/training/training_calendar.html • Fax: 1-518-485-8469

No Show Policy: Failure to attend a class you have registered for can result in restriction on future course attendance and agency notification. If you have not received a confirmation or denial two weeks prior to the course date, please contact DHSES Training.

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COURSE REGISTRATION (FAX) FORM

ESSENTIALS OF COMMUNITY CYBER SECURITY

385

Course: MGT-385
March 8-9, 2012
8:00AM-5:00PM

Location: State Preparedness Training Center
5900 Airport Road
Oriskany, New York 13424

FIRST NAME [grid] MIDDLE NAME [grid]

LAST NAME [grid] SUFFIX (Sr./Jr./II) [grid]

STUDENT ID [grid] (Last four numbers of Social Security number or other easy-to-remember number)

POSITION/TITLE [grid]

ORGANIZATION [grid]

ORGANIZATION TYPE [grid]

DEPARTMENT [grid]

WORK ADDRESS [grid]

CITY/STATE/ZIP CODE [grid]

COUNTY of EMPLOYMENT [grid]

MAILING ADDRESS [grid]

CITY/STATE/ZIP CODE [grid]

E-MAIL ADDRESS [grid]

HOME PHONE NUMBER [grid]

WORK PHONE NUMBER [grid]

CELL PHONE NUMBER [grid]

FAX NUMBER [grid]

Participant's Signature: _____ US Citizen ___Y___N

SUPERVISOR / TRAINING OFFICER NAME [grid]

CONTACT NUMBER [grid]

SUPERVISOR'S E-MAIL ADDRESS [grid]

Sign only if you will need lodging *Eligible State or local agency first responders from New York only.**

I certify that I am traveling **more than 50** miles from my residence and official work station and request lodging for this training course. Lodging is NOT available for Federal Employees or Private Industry participants.

Signature _____

Date _____

Please fax to: (518) 485-8469