

MASSACHUSETTS STATE 911 DEPARTMENT

COOP (Continuity of Operations Plan) Workshop - Application for Enrollment

Please email completed applications to: 911training@massmail.state.ma.us

Please be advised that the student MUST have access to a laptop/desktop with video and audio capabilities to participate in our on-line trainings.

The student will also be required to download the FREE Microsoft TEAMS App prior to the start of training.

Course Information (Please fill in requested dates of training)

Course Title

Date of Workshop

COOP (Continuity of Operation Plan) Workshop	
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Chief/Director/PSAP Supervisor Information

Today's Date: _____

Class requested by: _____
(full name - include title)

Agency / Department: _____

Agency / Department Address: _____

Direct Tel. Number: _____ Cell Phone Number: _____
(include area code) (optional)

EMAIL Address: _____

(ALL CONFIRMATIONS WILL BE EMAILED TO THE EMAIL ADDRESS ABOVE)

STUDENT Information

	Student Name	Last Four Digits of SS#	Email Address
1.			
2.			
3.			
4.			
5.			

CHIEF/DIRECTOR/PSAP SUPERVISOR SIGNATURE: _____