

REQUEST FOR AGENCY TRAINING

If you are located within CECOMS EAS activation region and participate in [THE NORTHEAST OHIO AMBER ALERT PLAN](#), you may request agency training by faxing/emailing information requested on this form.

Topics: AMBER Alert Activation/Cancelation Procedures, LEADS Entries, AMBER Packet Completion, What to expect during an AMBER Alert Activation, AMBER Alert Review Committee Responsibilities, Endangered Missing Child Procedures, Endangered Missing Adult Procedures, CECOMS Media Alerts, Conducting "TEST" AMBER Alert Activation Procedures for Dispatchers and Issuing Officials.

COST: FREE (All materials are provided)

Training Time: 2-3 hours

EMAIL: cminek@cuyahogacounty.us
Christopher Minek, Emergency Operations Supervisor,
Cuyahoga Emergency Communications System (CECOMS)

FAX NUMBER: 216.443.5705

NAME: _____

AGENCY: _____

ADDRESS: _____

HOST CONTACT PHONE NUMBER: _____

EMAIL: _____

CITY: _____ COUNTY: _____

AGENCY FAX NUMBER: _____

APPROXIMATE NUMBER OF ATTENDEES: _____

DATE(S) OF TRAINING REQUESTED: _____

SPECIAL INSTRUCTIONS:

Signature: _____

Date: _____