



Healthcare Coalition Drills and Exercises Intent to Participate Form

Choose one:

- Statewide Medical and Health Exercise
- Coalition Surge Test Exercise

1. Name of Organization

2. Contact Info for your organization

Name:

Phone:

Email:

Address:

City:

3. Exercise Play Communications

Facility Point of Contact (POC) Name:

Facility POC Mobile Phone:

Command Center Phone:

If Hospital, Emergency Dept Phone:

Controller Name/Phone:

Evaluator Name/Phone:

4. Agency/Facility Type (Check box)

Hospital

Home Health

Skilled Nursing

Long Term Care Facility

Clinic

Other: _____

5. SLO Disaster Healthcare Coalition (SLO DHCC)

a. I have completed and submitted Attachment C: Resource Capabilities of the Governance Structure

b. I have signed and submitted Attachment D: Participation Agreement of the Governance Structure

6. I will participate in planning meetings for this exercise

Please save and submit this form to Denise Yi: dyl@co.slo.ca.us