

EXHIBIT 15 - MYTEP SCHEDULE

Training Section - Please select all categories that apply.

Course Name and Description-(Provider must include a minimum of four training activities in which community partners or coalitions were participants.)

Provider (Hosted/ Participated)	Health Care Coalition (Hosted/ Participated)	External Community Partners (Hosted/ Participated)	Regional Partners (Hosted/ Participated)	Other (Hosted/ Participated)
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Quarter One					
Quarter Two					
Quarter Three					
Quarter Four					

Exercise Section - Please Check all that apply.

Exercise Name and Description (Any regional or state supported coalition exercise)

Type (Functional/Full Scale)	Provider (Hosted/ Participated)	HCC (Hosted/ Participated)	External Partners (Hosted/ Participated)	Other (Hosted/ Participated)
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Quarter One				
Quarter Two				
Quarter Three				
Quarter Four				