

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for
 Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION		1. U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT	If No, City and Country of Birth: _____	
2. NAME (Last, First, Middle Initial, Suffix)		3. STUDENT IDENTIFICATION (SID) NUMBER		
4. HOME MAILING ADDRESS (Street, avenue, road no, P.O. box/city or town, state, and zip code)		5. WORK PHONE NO. ()		
		6. HOME PHONE NO. ()		
		7. FAX NO. ()		
		8. E-MAIL ADDRESS:		
9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application)		9b. COURSE LOCATION	9c. DATES REQUESTED (Please give three choices)	
10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING				
INSTITUTION	DEGREE/CERTIFICATE	DATE EARNED	COURSE/FIELD OF STUDY	
11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe & indicate any special assistance required on a separate sheet)				
SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION				
12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED		12b. NFIRS # (NFA STUDENTS ONLY)	13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION	
14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION				
14 a. JURISDICTION		14 b. ORGANIZATION		15. CURRENT STATUS
1. <input type="checkbox"/> STATEWIDE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP	7. <input type="checkbox"/> FOREIGN	1. <input type="checkbox"/> ALL CAREER	1. <input type="checkbox"/> PAID FULL TIME
2. <input type="checkbox"/> COUNTY GOVERNMENT	5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)	8. <input type="checkbox"/> DHS/FEMA	2. <input type="checkbox"/> ALL VOLUNTEER	2. <input type="checkbox"/> PAID PART TIME
3. <input type="checkbox"/> CITY/TOWN/VILLAGE	6. <input type="checkbox"/> INDUSTRY/BUSINESS	9. <input type="checkbox"/> TRIBAL NATION	3. <input type="checkbox"/> COMBINATION	3. <input type="checkbox"/> VOLUNTEER
16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application.				
17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.				
17a. PRIMARY RESPONSIBILITY		17b. TYPE OF EXPERIENCE		17c. NUMBER OF YEARS OF EXPERIENCE _____
1. <input type="checkbox"/> MANAGEMENT	2. <input type="checkbox"/> TRAINING/EDUCATION	1. <input type="checkbox"/> INCIDENT COMMAND	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17d. SIZE OF DEPARTMENT _____
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	4. <input type="checkbox"/> INVESTIGATION	3. <input type="checkbox"/> SUPERVISION	4. <input type="checkbox"/> BUDGET/PLANNING	17e. BUSINESS TYPE
5. <input type="checkbox"/> FIRE PREVENTION	6. <input type="checkbox"/> FIRE SUPPRESSION	5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	6. <input type="checkbox"/> COORDINATION/LIAISON	1. <input type="checkbox"/> GOVERNMENT
7. <input type="checkbox"/> PROGRAM/ACTIVITY	8. <input type="checkbox"/> HEALTH	7. <input type="checkbox"/> PUBLIC EDUCATION	7. <input type="checkbox"/> PUBLIC EDUCATION	2. <input type="checkbox"/> EDUCATION
9. <input type="checkbox"/> PUBLIC WORKS	10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	8. <input type="checkbox"/> CODE DEVELOPMENT	8. <input type="checkbox"/> CODE DEVELOPMENT	3. <input type="checkbox"/> FIRE SERVICE
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE	12. <input type="checkbox"/> HAZARD MITIGATION	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	4. <input type="checkbox"/> LAW ENFORCEMENT
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS	14. <input type="checkbox"/> OTHER (Specify) _____	10. <input type="checkbox"/> SUPPORT SERVICES	10. <input type="checkbox"/> SUPPORT SERVICES	5. <input type="checkbox"/> VOLUNTEER AGENCY
15. <input type="checkbox"/> OTHER (Specify) _____		11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	6. <input type="checkbox"/> EMERGENCY MANAGEMENT
		12. <input type="checkbox"/> ARSON	12. <input type="checkbox"/> ARSON	7. <input type="checkbox"/> HEALTH CARE
		13. <input type="checkbox"/> LAW ENFORCEMENT	13. <input type="checkbox"/> LAW ENFORCEMENT	8. <input type="checkbox"/> PUBLIC WORKS
		14. <input type="checkbox"/> DESIGN AND PLANNING	14. <input type="checkbox"/> DESIGN AND PLANNING	
		15. <input type="checkbox"/> OTHER (Specify) _____	15. <input type="checkbox"/> OTHER (Specify) _____	
18. DATE OF BIRTH		19. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		
20. RACE (Please check all that apply)				20a. Ethnicity
1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE	2. <input type="checkbox"/> ASIAN	3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN	4. <input type="checkbox"/> WHITE	5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER
				<input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO

SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).

21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee.

21c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

21d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC, and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

SIGNATURE OF APPLICANT	DATE
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22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE	22b. PRINTED NAME AND TITLE
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23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

23a. SIGNATURE AND DATE (State Office)	23b. SIGNATURE AND DATE (FEMA Regional Office)
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24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO:

**NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS, BLDG. I-216
16825 SOUTH SETON AVENUE
EMMITSBURG, MD. 21727**

24b. FOR EMI COURSES DELIVERED AT NETC, MWEOC, OR NTF SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL TRAINING MANAGER TO NETC.

24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.

25. DISPOSITION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	SIGNATURE OF REVIEWER	DATE
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EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to NFA or EMI.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 et. seq.; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES - To determine eligibility for participation in NFA and EMI courses. Information such as age, gender, and ancestral heritage are used for statistical purposes only.

USES - Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring States, local officials, or State agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a voluntary basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

PAPERWORK BURDEN DISCLOSURE NOTICE

*Public reporting burden for this data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.***