DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

See Reverse for Privacy Act Statement O.M.B. No. 1660-0100 Expires November 30, 2016

GENERAL ADMISSIONS APPLICATION

SECTION I - GENERAL INFORMATION		MANENT If No, City and Co	ountry of Birth:		
2. NAME (Last, First, Middle Initial, Suffix)			3. STUDENT IDENTIFICATION (SID) NUMBER		
4. HOME MAILING ADDRESS (Street, avenuzip code)	e, road no, P.O. box/city or town, state, and	5. WORK PHONE NO. ()		
		6. HOME PHONE NO. ()		
		7. FAX NO. ()		
		8. E-MAIL ADDRESS:			
9a. ENTER COURSE CODE AND TITLE: (If you please attach a sheet of paper to this application)	wish to apply for more than one course, 9b. COUF	RSE LOCATION	9c. DATES REQUESTED (Please give three choices)		
INSTITUTION	DEGREE/CERTIFICATE	DATE EARNED	COURSE/FIELD OF STUDY SISTANCE DURING YOUR ATTENDANCE IN TRAINING?		
11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? YES NO (If yes, describe & indicate any special assistance required on a separate sheet)					
	SECTION II - EMPLOYMENT INFORMA	ATION 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 BES	T DESCRIBE YOUR ORGANIZ	ATION		
1. STATEWIDE 2. COUNTY GOVERNMENT 3. CITY/TOWN/VILLAGE 6. 16. Briefly describe your activities/responsibil course. Attach an organizational chart for the	FEDERAL/MILITARY (non-DHS) 8. DH INDUSTRY/BUSINESS 9. TR ities as they relate to the course for which you	HS/FEMA 2. ALL RIBAL NATION 3. COI	ACAREER 1. PAID FULL TIME 2. PAID PART TIME 3. VOLUNTEER 4. DISASTER RESERVIST w you will use the information obtained from the re space, please attach a sheet to this application.		
17. CHECK ONE BOX IN EACH COLUMN THAT B WHICH YOU ARE APPLYING. ALSO ENTER THE		SPONSIBILITY AND TYPE OF	EXPERIENCE AS IT RELATES TO THE COURSE FOR		
17a. PRIMARY RESPONSIBILITY 1. MANAGEMENT	17b. TYPE OF EXPERIENC 1. INCIDENT COMM	E 17 MAND	c. NUMBER OF YEARS OF EXPERIENCE		
2. TRAINING/EDUCATION	2. ADMINISTRATIO	N/STAFF SUPPORT 17	d. SIZE OF DEPARTMENT		
3. SCIENTIFIC/ENGINEERING	3. SUPERVISION				
4. NVESTIGATION	4. BUDGET/PLANN		e. BUSINESS TYPE		
5. FIRE PREVENTION	o	ELOPMENT/DELIVERY 1.	GOVERNMENT		
6. FIRE SUPPRESSION	6. COORDINATION	2.	EDUCATION		
7. PROGRAM/ACTIVITY	7. PUBLIC EDUCAT	3.	FIRE SERVICE		
8. HEALTH	8. CODE DEVELOP	4.	LAW ENFORCEMENT		
9. PUBLIC WORKS		EMENT/INSPECTION 5.	VOLUNTEER AGENCY		
10. DISASTER RESPONSE/RECOVERY 11 EMERGENCY MEDICAL SERVICE	10. SUPPORT SERV	6	EMERGENCY MANAGEMENT		
		DEVELOPMENT 7.	HEALTH CARE		
			PUBLIC WORKS		
14. COTHER (Specify)	14. DESIGN AND PLA				
18. DATE OF BIRTH		19. GENDER Male Female			
20. RACE (Please check all that apply) 1. AMERICAN INDIAN or 2. ASIAN 3. BLACK or AFRICAN ALASKAN NATIVE 2. ASIAN 3. AMERICAN 4. WHITE 5. PACIFIC ISLANDER 20a. Ethnicity HISPANIC or NOT HISPANIC or AFRICAN 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 course, and possible barring from future National Fire Acad	of NETC, MWEOC, and NTF. Failure lemy (NFA) and Emergency Managem	to do so will result in denial of the student sti lent Institute (EMI) courses.	pend, expulsion from the			
SIGNATURE OF APPLICANT		DATE				
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				
23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:						
23a. SIGNATURE AND DATE (State Office)		23b. SIGNATURE AND DATE (FEMA Regional Office)				
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 ACCEPTED REJECTED	SIGNATURE OF REVIEWER		DATE			
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						
admissions and student-related procedures. Both schools n minority and women candidates are encouraged to apply fo	nake every effort to ensure equitable re r all courses.	epresentation of minorities and women in the	ir student bodies. Qualified			
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 1 Assistance Act, as amended, Title 42 U.S.C., Sections 512 of 1964; and Section 504 of the Rehabilitation Act of 1973.	974, as amended, Title 15 U.S.C., Set 1 et. seq.; Title 44 U.S.C., Section 310	ctions 2201 <u>et. seq.;</u> Robert T. Stafford Disas 1; Executive Orders 12127, 12148, and 9397	ter Relief and Emergency; Title VI of the Civil Rights Act			
DUDDOCEC. To determine eligibility for porticipation in NE	- A and EMI sources Information area	an age gonder and apposited heritage are	and for statistical numbers			

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.

<u>USES</u> - 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.