

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**GENERAL ADMISSIONS APPLICATION**

See Reverse for  
 Privacy Act Statement

**O.M.B. No. 1660-0100**  
**Expires August 31, 2013**

**SECTION I - GENERAL INFORMATION**

1. U.S. Citizen  YES  NO If No, City and Country of Birth: \_\_\_\_\_

2. NAME (Last, First, Middle Initial, Suffix) \_\_\_\_\_ 3. SOCIAL SECURITY NUMBER \_\_\_\_\_

4. HOME ADDRESS (Street, avenue, road no./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?  
 NO  YES (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	1. <input type="checkbox"/> ALL CAREER	1. <input type="checkbox"/> PAID FULL TIME
2. <input type="checkbox"/> COUNTY GOVERNMENT	2. <input type="checkbox"/> ALL VOLUNTEER	2. <input type="checkbox"/> PAID PART TIME
3. <input type="checkbox"/> CITY/TOWN/VILLAGE	3. <input type="checkbox"/> COMBINATION	3. <input type="checkbox"/> VOLUNTEER
4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP		4. <input type="checkbox"/> DISASTER RESERVIST
5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)		
6. <input type="checkbox"/> INDUSTRY/BUSINESS		
7. <input type="checkbox"/> FOREIGN		
8. <input type="checkbox"/> DHS/FEMA		
9. <input type="checkbox"/> TRIBAL NATION		

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	1. <input type="checkbox"/> INCIDENT COMMAND	_____
2. <input type="checkbox"/> TRAINING/EDUCATION	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17d. SIZE OF DEPARTMENT _____
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	3. <input type="checkbox"/> SUPERVISION	17e. BUSINESS TYPE
4. <input type="checkbox"/> INVESTIGATION	4. <input type="checkbox"/> BUDGET/PLANNING	1. <input type="checkbox"/> GOVERNMENT
5. <input type="checkbox"/> FIRE PREVENTION	5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	2. <input type="checkbox"/> EDUCATION
6. <input type="checkbox"/> FIRE SUPPRESSION	6. <input type="checkbox"/> COORDINATION/LIAISON	3. <input type="checkbox"/> FIRE SERVICE
7. <input type="checkbox"/> PROGRAM/ACTIVITY	7. <input type="checkbox"/> PUBLIC EDUCATION	4. <input type="checkbox"/> LAW ENFORCEMENT
8. <input type="checkbox"/> HEALTH	8. <input type="checkbox"/> CODE DEVELOPMENT	5. <input type="checkbox"/> VOLUNTEER AGENCY
9. <input type="checkbox"/> PUBLIC WORKS	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	6. <input type="checkbox"/> EMERGENCY MANAGEMENT
10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	10. <input type="checkbox"/> SUPPORT SERVICES	7. <input type="checkbox"/> HEALTH CARE
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE	11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	8. <input type="checkbox"/> PUBLIC WORKS
12. <input type="checkbox"/> HAZARD MITIGATION	12. <input type="checkbox"/> ARSON	
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS	13. <input type="checkbox"/> LAW ENFORCEMENT	
14. <input type="checkbox"/> OTHER (Specify) _____	14. <input type="checkbox"/> DESIGN AND PLANNING	
	15. <input type="checkbox"/> OTHER (Specify) _____	

18. DATE OF BIRTH \_\_\_\_\_ 19. GENDER  Male  Female 20a. ETHNICITY  HISPANIC or LATINO  NOT HISPANIC or LATINO

20b. RACE (Please check all that apply)  
 1.  AMERICAN INDIAN or ALASKA NATIVE 2.  ASIAN 3.  BLACK or AFRICAN AMERICAN 4.  WHITE 5.  NATIVE HAWAIIAN or PACIFIC ISLANDER

**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) and FEMA-wide 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, sex, 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:  <b>NATIONAL EMERGENCY TRAINING CENTER OFFICE OF ADMISSIONS, BLDG. I-216 16825 SOUTH SETON AVENUE EMMITSBURG, MD. 21727</b>	24b. FOR EMI AND FEMA-WIDE 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.
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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, sex, 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, EMI or any FEMA Agency-wide training.

**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, EMI and any FEMA Agency-wide training courses. Information such as age, sex, 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 and FEMA-wide 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 volunteer 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.

**INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PL 93-579, SECTION 7(b)** - E.O. 9397 authorizes the collection of the SSN. The SSN is necessary because of the large number of individuals who have identical names and birthdates and whose identities can only be distinguished by the SSN. The SSN is used for recordkeeping purposes, i.e., to ensure that your academic record is maintained accurately. Disclosure of the SSN is voluntary. However, if you do not provide your SSN, another number will be substituted, which will delay processing your application or course certificate.

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. 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, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0100). **NOTE: Do not send your completed form to this address.**