FEDERAL EMERGENCY MANAGEMENT AGENCY

GENERAL ADMISSIONS APPLICATION

See Reverse for Privacy Act Statement

O.M.B. No. 3067-0024
Expires July 31, 2003

SECTION I - GENERAL INFORMATION

1. U.S. Citizen ☐ YES ☐ NO If No, Place of Birth:

2. NAME *(Last, First, Middle Initial, Suffix)*

3. SOCIAL SECURITY NO.

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 ITEM BELOW REGARDING THE PRE-REQUISITES 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 AT NETC or MWEAC? ☐ 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

14a. JURISDICTION

1. ☐ STATEWIDE
2. ☐ COUNTY GOVERNMENT
3. ☐ CITY/TOWN/VILLAGE
4. ☐ SPECIAL DISTRICT/TOWNSHIP
5. ☐ FEDERAL/MILITARY
6. ☐ INDUSTRY/BUSINESS
7. ☐ FOREIGN
8. ☐ FEMA
9. ☐ NDER/IMA

14b. ORGANIZATION

1. ☐ ALL CAREER
2. ☐ ALL VOLUNTEER
3. ☐ COMBINATION

15. CURRENT STATUS

1. ☐ PAID FULL TIME
2. ☐ PAID PART TIME
3. ☐ VOLUNTEER
4. ☐ DISASTER RESERVIST

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, indicating 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

1. ☐ MANAGEMENT
2. ☐ TRAINING/EDUCATION
3. ☐ SCIENTIFIC/ENGINEERING
4. ☐ INVESTIGATION
5. ☐ FIRE PREVENTION
6. ☐ FIRE SUPPRESSION
7. ☐ PROGRAM/ACTIVITY
8. ☐ HEALTH
9. ☐ PUBLIC WORKS
10. ☐ DISASTER RESPONSE/RECOVERY
11. ☐ EMERGENCY MEDICAL SERVICES
12. ☐ HAZARD MITIGATION
13. ☐ EMERGENCY PREPAREDNESS
14. ☐ OTHER (Specify)

17b. TYPE OF EXPERIENCE

1. ☐ INCIDENT COMMAND
2. ☐ ADMINISTRATION/STAFF SUPPORT
3. ☐ SUPERVISION
4. ☐ BUDGET/PLANNING
5. ☐ PROGRAM DEVELOPMENT/DELIVERY
6. ☐ COORDINATION/LIAISON
7. ☐ PUBLIC EDUCATION
8. ☐ CODE DEVELOPMENT
9. ☐ CODE ENFORCEMENT/INSPECTION
10. ☐ SUPPORT SERVICES
11. ☐ RESEARCH AND DEVELOPMENT
12. ☐ ARSON
13. ☐ LAW ENFORCEMENT
14. ☐ DESIGN AND PLANNING
15. ☐ OTHER (Specify)

17c. NUMBER OF YEARS OF EXPERIENCE

18. DATE OF BIRTH (Mo. Day, Yr.)

19. SEX ☐ Male ☐ Female

20a. PLEASE CHECK THE RACE(S) WHICH BEST APPLIES TO YOU (Providing this information is voluntary)

1. ☐ AMERICAN INDIAN or ALASKAN NATIVE
2. ☐ ASIAN
3. ☐ BLACK or AFRICAN AMERICAN
4. ☐ WHITE
5. ☐ NATIVE HAWAIIAN or PACIFIC ISLANDER

20b. PLEASE CHECK THE ETHNICITY WHICH BEST APPLIES TO YOU (Providing this information is voluntary)

1. ☐ HISPANIC or LATINO
2. ☐ 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 officer or designee.

21c. Further, I understand that NETC and MWEAC 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 and MWEAC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future NFA or EMI courses.

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, 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

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 OR MWEAC, SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGION TO NETC.

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

25. DISPOSITION	SIGNATURE OF REVIEWER	DATE
☐ ACCEPTED ☐ REJECTED		

EQUAL OPPORTUNITY STATEMENT

The National Fire Academy (NFA) and the Emergency Management Institute (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), December 31, 1974, for individuals applying for admission to NFA or EMI.

AUTHORITY - 5 U.S.C. 301; 15 U.S.C. 2206, 44 U.S.C. 3101; 50 U.S.C. App. 2253 and 2281; E.O. 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, 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 Boards 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 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-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 record-keeping 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 of 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 and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. NOTE: Do not send your completed form to this address. Please return it to the appropriate address shown in block 24.