

New

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

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1) This is an electronic form, DO NOT print and mail.

2) Report Information: Personal information will not be shared based on Privacy Act provisions. Please refer to the Privacy Act Statement above on this page. Reports are compiled from all information on this form. It is essential that the data fields are complete so that course completion information can be furnished to Local, State, Tribal and Federal levels.

3) If you have any questions about the correct information to include on this form, please call our office at (301)447-1200.

Step 4 - Final Exam Answers Verification *

Please verify your email address, and final exam answers, then click "Submit and Enroll" button. **Please make sure all your information are entered correctly before you submit the form. You may use your browser "Back" above to go back and modify your entries.**

Email:

Course Name:

Final Exam Answers:

Answer 1 to 5:

Answer 6 to 10:

Answer 11 - 15:

Answer 16 - 20:

Answer 21 - 25:

Answer 26 - 30:

Answer 31 - 35:

Answer 36 - 40:

Answer 41 - 45:

Answer 46 - 50:

Submit and Enroll

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Emergency Management Institute, 16825 S. Seton Ave., Emmitsburg, MD 21727

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4) With mouse, point and click on data entry box. Use tab key to advance from box to box. Use mouse and scroll bar to move through the form. When answering True/False questions, use answer "a" for True and answer "b" for False. Fields marked * and bolded are required fields.

Step 1 - Student Record Data *

* **Last Name:**

* **First Name:**

Middle Initial: (Jr., Sr., PhD., III, etc.):

* **1st Line of Address:**

2nd Line of Address:

* **City:** * **State:**

* **Postal Zip Code:** Format is ##### or #####-####.

Note: If you are unsure of the zip code plus four, please use [this link from the United States Postal Service](#) to find it or try [this link from National Association of Counties](#).

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Step 2 - Organization or Affiliation

Select the **category** that best describes your organization or affiliation. **If you are not applying under an organization or an affiliation and are applying for an EMI Independent Study (IS) course, please mark "Private Citizen" and click "Next" button to continue.** If your selection was "NOT" Private Citizen, please continue completing this section.

Category

Drop down list

DHS Employees Only - Select the DHS organization that you are representing.

Drop down list

Other Federal Agencies

Drop down list

Type of Organization or Affiliation

Drop down list

* **Current Status** in the organization or affiliation

Paid Full Time Paid Part Time Volunteer/Paid Per Call Disaster Reservist

* **Organization Name:**

* **Organization Address Line 1:**

Organization Address Line 2:

* **City:**

* **State or Territory:**

* **Postal Zip Code:** Format is ##### or #####-####.

- If you are unsure of the zip code plus four, please use [this link from the United States Postal Service](#) to find it or try this link from [National Association of Counties](#).

* **County / Parish:**

* **Tribal Name:**

* **Local Jurisdiction: (Borough, Township, if applicable etc.)**

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Step 3 - Final Exam and Answers *

* **Email Address:** Enter a valid email address.

* **Date of Birth:** Format is MM/DD/YYYY

* **Social Security Number:** or Program Pre-Assigned Number. Format is ###-##-####. Please click on the [Transaction Security](#) link to see how we secure your information on this page.

Work Telephone Number: Format is (###)###-####.

Home Telephone Number (optional): Format is (###)###-####.

* **Course Code:** Drop down list

* **Answers:**

No.	A	B	C	D
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Next

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