Name:

_____
Please Print Name Clearly

Email Address

_____
You may also send your email address to Independent.Study@dhs.gov

FINAL EXAM ANSWERS

Carefully and completely color in the oval that represents your answer. Use "a" for TRUE and "b" for FALSE.

- Make solid marks that fill the response area completely.
- Make no stray marks on this form.

CORRECT: ●   INCORRECT: ⊘ ⊗ ⊝ ⊙

T F

1 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   26 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
2 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   27 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
3 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   28 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
4 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   29 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
5 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   30 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
6 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   31 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
7 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   32 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
8 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   33 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
9 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   34 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
10 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   35 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
11 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   36 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
12 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   37 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
13 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   38 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
14 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   39 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
15 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   40 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
16 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   41 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
17 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   42 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
18 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   43 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
19 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   44 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
20 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   45 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
21 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   46 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
22 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   47 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
23 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   48 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
24 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   49 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ
25 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ   50 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ

Date of Birth

Month	Day	Year

(Ovals 0–9 for each digit of Month, Day, Year)

Social Security No. or
**Program Pre-Assigned Number

(Grid of ovals 0–9 for each digit)

** If you want a unique identifier (Program Pre-Assigned Number), you may contact the Independent Study Office at Independent.Study@dhs.gov. This action will take between 6 to 8 weeks.

Work Phone Number

(Grid of ovals 0–9 for each digit)

Home Phone Number

(Grid of ovals 0–9 for each digit)

COURSE CODE

Enter the numeric portion of the course code in a five-digit format **(enter one-digit course codes as 00001 thru 00009 and enter two-digit course codes as 00010 thru 00099)** and darken in the corresponding ovals.

If your course includes an alphabetical suffix to the course number it must be completely filled in.

For example: **IS 100.LE** must appear as **IS 00100.LE**

● IS (five-digit numeric grid 0–9) . (alphabetical grid A–Z)

This form cannot be duplicated.

Mailing Instructions

1. Please allow 6 to 8 weeks for the processing of your documents.
2. Do not fold this document during use or for mailing except as already creased.
3. Mail this form in a 9½ X 12 inch envelope.
4. Affix proper postage.
5. Include a return address.

6. Mail to:
   National Emergency Training Center
   EMI Independent Study Program
   16825 South Seton Avenue
   Emmitsburg, MD 21727-8998

Organization or Affiliation Address Line 2 (if applicable)

City (if applicable)

Mark Reflex® forms by NCS Pearson EW 262290-1.654321   ED05   Printed in U.S.A.

Zip Code + Four

NOTE: If you are unsure of the zip code plus four, please use the link (http://zip4.usps.com/zip4/welcome.jsp) or call your local post office.

Organizational County/Parish

Tribal Name (if applicable)

Organizational Local Jurisdiction (if applicable)
(Borough, Township, etc.)

This form cannot be duplicated.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL

City

State/Territory

Zip Code + Four

NOTE: If you are unsure of the zip code plus four, please use the link (http://zip4.usps.com/zip4/welcome.jsp) or call your local post office.

OTHER FEDERAL AGENCIES   Select the appropriate agency.

- USDA
- DOD
- DOE
- DHHS
- DHUD
- DOJ
- DOT
- DVA
- SBA
- Other

TYPE OF ORGANIZATION OR AFFILIATION   If you selected an organization or affiliation other than "Private Citizen", you are required to select only one of the following categories.

- Emergency Management
- Fire Service
- Law Enforcement
- Private Voluntary
- Public Works
- Military
- Emergency Medical
- Public Health
- Hospital/Clinic
- Other Health Care
- Government
- Education
- Other

CURRENT STATUS in the organization or affiliation.

- Paid Full Time
- Paid Part Time
- Volunteer Or Paid Per Call
- Disaster Reservist

ORGANIZATION OR AFFILIATION

Select the **category** that best describes your organization or affiliation. If you are not applying under an organization or affiliation, please mark "Private Citizen" and continue to section 3. If your selection was "NOT" Private Citizen, please continue completing this section.

- Private Citizen
- Private Sector
- Local
- State
- Tribal
- Federal-DHS
- Other Federal (not DHS)

DHS EMPLOYEES ONLY   Select the DHS organization that you are representing.

- FEMA
- NDMS
- Transportation Security Administration
- Customs and Border Protection
- U.S. Secret Service
- Immigration and Customs Enforcement
- Preparedness
- U.S. Coast Guard
- Management
- Policy
- Science and Technology
- Citizenship and Immigration Services
- DHS Other

Organization or Affiliation Name (if applicable)

Organization or Affiliation Address Line 1 (if applicable)

This form cannot be duplicated.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL

New

Department of Homeland Security (DHS), Federal Emergency Management Agency (FEMA)
Emergency Management Institute (EMI) Independent Study Program

MARKING INSTRUCTIONS
- Complete ALL data fields on this form.
- Use a No. 2 pencil or a blue or black ink pen only
- Do not use pens with ink that soaks through the paper

- Clearly PRINT all letters and numbers that are required.
- Make solid marks that fill the response area completely.
- Make no stray marks on this form.

CORRECT: ● INCORRECT: ✓ ✗ ⊖ ⊘

REPORT INFORMATION
Personal information will not be shared based on Privacy Act provisions. Please refer to the Privacy Act Statement on the last page of this form. 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.

IF YOU HAVE ANY QUESTIONS ABOUT THE CORRECT INFORMATION TO INCLUDE ON THIS FORM, PLEASE CALL OUR OFFICE AT (301) 447-1200.

STUDENT RECORD DATA   Clearly print requested data as it should appear in your Independent Study Student Record. Proofread all items on your application before mailing.

Last Name

First Name

M.I.

Suffix

Shipping Address - Line 1 (P.O. Box not accepted.)

Shipping Address - Line 2 (P.O. Box not accepted.)

FEMA Form 95-23   This form cannot be duplicated.