

3 FINAL EXAM

Name:

Please Print Name Clearly

Email Address

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

Date of Birth

Month		Day		Year		
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

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

0	0	0	0	0	A	A	A
1	1	1	1	1	B	B	B
2	2	2	2	2	C	C	C
3	3	3	3	3	D	D	D
4	4	4	4	4	E	E	E
5	5	5	5	5	F	F	F
6	6	6	6	6	G	G	G
7	7	7	7	7	H	H	H
8	8	8	8	8	I	I	I
9	9	9	9	9	J	J	J
					K	K	K
					L	L	L
					M	M	M
					N	N	N
					O	O	O
					P	P	P
					Q	Q	Q
					R	R	R
					S	S	S
					T	T	T
					U	U	U
					V	V	V
					W	W	W
					X	X	X
					Y	Y	Y
					Z	Z	Z

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	T	F
1	(a) (b) (c) (d) (e)	26	(a) (b) (c) (d) (e)
2	(a) (b) (c) (d) (e)	27	(a) (b) (c) (d) (e)
3	(a) (b) (c) (d) (e)	28	(a) (b) (c) (d) (e)
4	(a) (b) (c) (d) (e)	29	(a) (b) (c) (d) (e)
5	(a) (b) (c) (d) (e)	30	(a) (b) (c) (d) (e)
6	(a) (b) (c) (d) (e)	31	(a) (b) (c) (d) (e)
7	(a) (b) (c) (d) (e)	32	(a) (b) (c) (d) (e)
8	(a) (b) (c) (d) (e)	33	(a) (b) (c) (d) (e)
9	(a) (b) (c) (d) (e)	34	(a) (b) (c) (d) (e)
10	(a) (b) (c) (d) (e)	35	(a) (b) (c) (d) (e)
11	(a) (b) (c) (d) (e)	36	(a) (b) (c) (d) (e)
12	(a) (b) (c) (d) (e)	37	(a) (b) (c) (d) (e)
13	(a) (b) (c) (d) (e)	38	(a) (b) (c) (d) (e)
14	(a) (b) (c) (d) (e)	39	(a) (b) (c) (d) (e)
15	(a) (b) (c) (d) (e)	40	(a) (b) (c) (d) (e)
16	(a) (b) (c) (d) (e)	41	(a) (b) (c) (d) (e)
17	(a) (b) (c) (d) (e)	42	(a) (b) (c) (d) (e)
18	(a) (b) (c) (d) (e)	43	(a) (b) (c) (d) (e)
19	(a) (b) (c) (d) (e)	44	(a) (b) (c) (d) (e)
20	(a) (b) (c) (d) (e)	45	(a) (b) (c) (d) (e)
21	(a) (b) (c) (d) (e)	46	(a) (b) (c) (d) (e)
22	(a) (b) (c) (d) (e)	47	(a) (b) (c) (d) (e)
23	(a) (b) (c) (d) (e)	48	(a) (b) (c) (d) (e)
24	(a) (b) (c) (d) (e)	49	(a) (b) (c) (d) (e)
25	(a) (b) (c) (d) (e)	50	(a) (b) (c) (d) (e)

Social Security No. or Program Pre-Assigned Number

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

** 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

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Home Phone Number

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

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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

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Privacy Act

1. **GENERAL:** This information is provided pursuant to Public Law 93-569 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to the EMI Independent Study Program.
2. **AUTHORITY:** 5 USC 301; 15 USC 2205; 44 USC 3101; 50 USC App 2253 and 2281; and EO 12127, 12148 and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.
3. **PURPOSE:** 1) To determine eligibility for participation in EMI Independent Study and NFA Self-Study courses; 2) to enroll citizens who are unable to attend traditional classroom courses; 3) to certify successful completion of courses; and 4) maintain accurate records on behalf of the student.
4. **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) Members of the Board of Visitors for the specific purpose of evaluating programmatic statistics; 3) Sponsoring colleges to provide college credit for completed courses; 4) Sponsoring State and local officials and agencies to update/evaluate statistics of EMI participants; 5) Members of Congress seeking first party information; 6) Agency training program contractors and computer centers performing administrative functions; and 7) Military personnel or training offices to award military credit for completed courses.
5. **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.

Information Regarding Disclosure of your Social Security Number Under PL-579, Sec 7b: EO 9397 authorizes the collection of the SSN. The SSN is necessary because of the large number of individuals who have identical names and dates of birth and whose identity 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 it, another number will be submitted, which may delay processing of your application and/or course certificate.

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EQUAL OPPORTUNITY STATEMENT

The Emergency Management Institute (EMI) and the National Fire Academy (NFA) 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. In addition, employment related decisions based on sexual orientation are prohibited. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minorities and women are encouraged to apply for all courses.

Organization or Affiliation Address Line 2 (if applicable)

Grid for Organization or Affiliation Address Line 2 (if applicable) containing letters A-Z and digits 0-9.

City (if applicable)

Grid for City (if applicable) containing letters A-Z and digits 0-9.

State/Territory

Vertical grid for State/Territory containing letters A-Z and digits 0-9.

Zip Code + Four

Grid for Zip Code + Four containing digits 0-9.

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.

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Organizational County/Parish

Grid for Organizational County/Parish containing letters A-Z and digits 0-9.

Tribal Name (if applicable)

Grid for Tribal Name (if applicable) containing letters A-Z and digits 0-9.

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

Grid for Organizational Local Jurisdiction (if applicable) containing letters A-Z and digits 0-9.

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PLEASE DO NOT WRITE IN THIS AREA



SERIAL

City [Grid of circles for address entry]

State/Territory [Vertical list of states and territories with selection circles]

Zip Code + Four [Grid of circles for zip code entry]

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 DHUD SBA
 DOD DOJ Other
 DOE DOT
 DHHS DVA

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

CURRENT STATUS in the organization or affiliation.
 Paid Full Time Volunteer Or Paid Per Call
 Paid Part Time Disaster Reservist

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

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

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

Organization or Affiliation Name (if applicable)

[Large grid of circles for organization name entry]

Organization or Affiliation Address Line 1 (if applicable)

[Large grid of circles for address line 1 entry]

This form cannot be duplicated.

PLEASE DO NOT WRITE IN THIS AREA

[Row of circles for marking]

SERIAL

