

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**

|  |  |  |   |  |  |   |  |
|--|--|--|---|--|--|---|--|
| <b>SECTION I - GENERAL INFORMATION</b>   |  | 1. U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT                 |   | If No, City and Country of Birth: _____              |  |   |  |
| 2. NAME (Last, First, Middle Initial, Suffix)  |  |  | 3. STUDENT IDENTIFICATION (SID) NUMBER                        |  |  |   |  |
| 4. HOME MAILING ADDRESS (Street, avenue, road no, P.O. box/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) |  |
|  |  | 9d. _____  |   | 9e. _____  |  | 9f. _____                                       |  |
| 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?<br><input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe & indicate any special assistance required on a separate sheet)  |  |  |   |  |  |   |  |
| <b>SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION</b>   |  |  |   |  |  |   |  |
| 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   |  | 4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP  |   | 7. <input type="checkbox"/> FOREIGN                  |  |   |  |
| 1. <input type="checkbox"/> STATEWIDE  |  | 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)   |   | 8. <input type="checkbox"/> DHS/FEMA                 |  |   |  |
| 2. <input type="checkbox"/> COUNTY GOVERNMENT  |  | 6. <input type="checkbox"/> INDUSTRY/BUSINESS  |   | 9. <input type="checkbox"/> TRIBAL NATION            |  |   |  |
| 3. <input type="checkbox"/> CITY/TOWN/VILLAGE  |  |  |   |  |  |   |  |
|  |  |  |   | 14 b. ORGANIZATION                                   |  |   |  |
|  |  |  |   | 1. <input type="checkbox"/> ALL CAREER               |  |   |  |
|  |  |  |   | 2. <input type="checkbox"/> ALL VOLUNTEER            |  |   |  |
|  |  |  |   | 3. <input type="checkbox"/> COMBINATION              |  |   |  |
|  |  |  |   | 15. CURRENT STATUS                                   |  |   |  |
|  |  |  |   | 1. <input type="checkbox"/> PAID FULL TIME           |  |   |  |
|  |  |  |   | 2. <input type="checkbox"/> PAID PART TIME           |  |   |  |
|  |  |  |   | 3. <input type="checkbox"/> VOLUNTEER                |  |   |  |
|  |  |  |   | 4. <input type="checkbox"/> 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 and indicate your position. If you need more space, please attach a sheet to this application. |  |  |   |  |  |   |  |
| 17. CHECK <b>ONE</b> 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   |   | 17d. SIZE OF DEPARTMENT _____                        |  |   |  |
| 2. <input type="checkbox"/> TRAINING/EDUCATION   |  | 2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT   |   | 17e. BUSINESS TYPE                                   |  |   |  |
| 3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING   |  | 3. <input type="checkbox"/> SUPERVISION  |   | 1. <input type="checkbox"/> GOVERNMENT               |  |   |  |
| 4. <input type="checkbox"/> INVESTIGATION  |  | 4. <input type="checkbox"/> BUDGET/PLANNING  |   | 2. <input type="checkbox"/> EDUCATION                |  |   |  |
| 5. <input type="checkbox"/> FIRE PREVENTION  |  | 5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY   |   | 3. <input type="checkbox"/> FIRE SERVICE             |  |   |  |
| 6. <input type="checkbox"/> FIRE SUPPRESSION   |  | 6. <input type="checkbox"/> COORDINATION/LIAISON   |   | 4. <input type="checkbox"/> LAW ENFORCEMENT          |  |   |  |
| 7. <input type="checkbox"/> PROGRAM/ACTIVITY   |  | 7. <input type="checkbox"/> PUBLIC EDUCATION   |   | 5. <input type="checkbox"/> VOLUNTEER AGENCY         |  |   |  |
| 8. <input type="checkbox"/> HEALTH   |  | 8. <input type="checkbox"/> CODE DEVELOPMENT   |   | 6. <input type="checkbox"/> EMERGENCY MANAGEMENT     |  |   |  |
| 9. <input type="checkbox"/> PUBLIC WORKS   |  | 9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION  |   | 7. <input type="checkbox"/> HEALTH CARE              |  |   |  |
| 10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY  |  | 10. <input type="checkbox"/> SUPPORT SERVICES  |   | 8. <input type="checkbox"/> PUBLIC WORKS             |  |   |  |
| 11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE   |  | 11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT  |   |  |  |   |  |
| 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  |  |  |   |  |
| _____  |  |  | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |  |   |  |
| 20. RACE (Please check all that apply)   |  |  |   | 20a. Ethnicity                                       |  |   |  |
| 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE   |  |  |   | <input type="checkbox"/> HISPANIC or LATINO          |  |   |  |
| 2. <input type="checkbox"/> ASIAN  |  |  |   | <input type="checkbox"/> NOT HISPANIC or LATINO      |  |   |  |
| 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN  |  |  |   |  |  |   |  |
| 4. <input type="checkbox"/> WHITE  |  |  |   |  |  |   |  |
| 5. <input type="checkbox"/> 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) 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, gender, 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, 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.

|  |                       |      |
|--|-----------------------|------|
| 25. DISPOSITION<br><input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | SIGNATURE OF REVIEWER | DATE |
|--|-----------------------|------|

**EQUAL OPPORTUNITY STATEMENT**

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, 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 or EMI.

**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 and EMI courses. Information such as age, gender, 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 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 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.

**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.**