



### Completion of this examination is an individual effort

**Please note: You may need to turn off your pop-up blocker to view the exam.**

**Please note that the IS Program does not accept the FEMA SID when completing your test. Please use your SSN as directed in the test form. Those individuals that do not wish to use their SSN may request an Alternate ID number.**

Organizations are encouraged to establish procedures to ensure completion of the examination is an individual effort. Personnel within an organization who feel that test answers are being improperly provided should follow their organization's measures for reporting unethical conduct.

If a student is found to have cheated on an exam, the penalty may include--but is not limited to--expulsion; foreclosure from future classes for a specified period; forfeiture of certificate for course/courses enrolled in at NETC or NTC; or all of the above in accordance with [NETC Instruction 1100.1](#). A letter notifying the student's sponsoring organization of the individual's misconduct will be sent by the appropriate official at NETC.

**I agree that completion of this examination will be an individual effort.**

PAPERWORK BURDEN DISCLOSURE NOTICE  
OMB Number 1660-0046  
FEMA Form 064-0-9  
Expiration date 10/31/13

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Last Modified: 9/19/2012

\* The social media links provided are for reference only. FEMA does not endorse any non-government Web sites, companies or applications.



EMI takes protecting your personal information seriously. We encrypt your information using SSL and all of your information is maintained in a secure government database system.

Instruction

- Complete the Enrollment Form then submit.
- Please note that the IS Program does not accept the FEMA SID when completing your test. Please use your SSN as directed in the test form. Those individuals that do not wish to use their SSN may request an Alternate ID number.

Required Student Information

Student Information

\* Social Security Number:  Format is ###-##-####. [Why we need this?](#)

\* Re-enter Social Security Number:  Format is ###-##-####.

Enter your LAST NAME. If you have completed previous IS courses, please ensure you are using the same spelling and punctuation as applicable (e.g., St Pierre or StPierre).

\* Last Name:

\* Reenter Last Name (confirm):

Suffix:  (Jr., Sr., PhD., III, etc.)

Please enter the FIRST NAME you would like to appear on your certificate.

\* First Name:

Middle Initial:

Contact Information

Please be sure to add [Independent.Study@fema.dhs.gov](mailto:Independent.Study@fema.dhs.gov) to your Friendly Email / Approved Senders list. You will receive your course completion certificate at your email address.

\* Email Address:  [Why we need this?](#)

\* Re-enter Email Address:

\* Mailing Address:

Bldg / Suite / Apartment (if needed):

\* 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](#).

Work Telephone Number: (  )  -

Home Telephone Number (optional): (  )  -

Business Information

Select Business/Organization:

- E FEMA
- F Federal Government
- L Local Government
- M Military (Branch)
- O Other
- P Private Sector
- S State Government
- Tribal
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