

#### PRIVACY THRESHOLD ANALYSIS (PTA)

## This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance The Privacy Office U.S. Department of Homeland Security Washington, DC 20528 Tel: 202-343-1717

#### PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



### Privacy Threshold Analysis (PTA)

# Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	064-0-9		
Form Title:	FEMA/EMI Independent Study Course Enrollment Application		
Component:	Federal Emergency	Office:	<b>Emergency Management</b>
	Management Agency Institute		Institute
	(FEMA)		

IF COVERED BY THE PAPERWORK REDUCTION ACT:		
FEMA/EMI Indeper	ndent Study Course Enrollme	nt Application
1660-0046	OMB Expiration	March 31, 2017
	Date:	
Extension	Date of last PTA (if applicable):	September 1, 2012
	FEMA/EMI Indepen 1660-0046	FEMA/EMI Independent Study Course Enrollme1660-0046OMB ExpirationDate:DateExtensionDate of last PTA (if

#### **PROJECT OR PROGRAM MANAGER**

Name:	Mark Magers		
Office:	Emergency Management	Title:	Instructional Designer
	Institute		
Phone:	301-447-1038	Email:	mark.magers@fema.dhs.gov

#### **COMPONENT INFORMATION COLLECTION/FORMS CONTACT**

Name:	Sherina Green		
Office:	Information Management Division Institute	Title:	Management and Program Analyst
Phone:	202-646-4343	Email:	Sherina.Greene@dhs.gov

Privacy Threshold Analysis - IC/Form



#### **SPECIFIC IC/Forms PTA QUESTIONS**

#### 1. Purpose of the Information Collection or Form

a. Describe the purpose of the information collection or form. Please provide a general description of the project and its purpose, including how it supports the DHS mission, in a way a non-technical person could understand (you may use information from the Supporting Statement).
If this is an updated PTA, please specifically describe what changes or upgrades are triggering the update to this PTA.

The purpose of the EMI Independent Study Course Enrollment Application, FEMA Form 064-0-9, is to register individuals desiring to take an independent study course. EMI provides training to Federal, state, local, tribal, volunteer, public and private sector officials to strengthen emergency management core competencies. The student will review the coursework and take a final examination to gauge the level of knowledge achieved from the material presented. Successfully completing a course results in a certificate being generated for the individual, this may be applied towards continuing education credits and college credit.

FEMA reports student completion data to State Training Officers (STO) as appropriate. STOs manage and track training requirements and completions within the State, Local, Tribal, and Territorial (SLTT) government population associated with their respective SLTT. STOs have approval authority for enrollment requests for EMI classroom-based courses for students from their SLTT governments.

EMI collects this information to maintain a historical record of course completions and to issue transcripts.

b. List the DHS (or component) authorities to collect, store, and use this information. *If this information will be stored and used by a specific DHS component, list the component-specific authorities.* 

The EMI Independent Study (IS) Program is part of the FEMA training program authorized under the Robert T. Stafford Disaster Relief and Emergency Act, 42 U.S.C 5121-5207, Public Law 93-288 as amended. These courses are offered online by the Emergency Management Institute (EMI).

#### 2. Describe the IC/Form



a.	Does this form	⊠ Yes
	collect any	🗆 No
	Personally	
	Identifiable	
	Information"	
	(PII <sup>1</sup> )?	
b.	From which	oxtimes Members of the public
	type(s) of	🛛 U.S. citizens or lawful permanent residents
	individuals does	🖾 Non-U.S. Persons.
	this form collect	🖾 DHS Employees
	information?	⊠ DHS Contractors
	(Check all that	$\square$ Other federal employees or contractors.
	apply.)	
C.	Who will complete	oxtimes The record subject of the form (e.g., the individual
	and submit this	applicant).
	form? (Check all	$\Box$ Legal Representative (preparer, attorney, etc.).
	that apply.)	□ Business entity.
		If a business entity, is the only information
		collected business contact information?
		□ Yes
		$\Box$ No
		$\Box$ Law enforcement.
		$\Box$ DHS employee or contractor.
		□ Other individual/entity/organization <b>that is NOT</b>
		the record subject. Please describe.
		Click here to enter text.
		CHCK HELE LO EHLEL LEXL.
d.	How do	
u.	individuals	Paper.  Flootnamic (an fillable DDE)
	complete the	$\Box$ Electronic. (ex: fillable PDF)
	form? <i>Check all</i>	$\boxtimes$ Online web form. (available and submitted via the
	that apply.	internet)
	ιπαι αρριγ.	https://training.fema.gov/is/examnotice.aspx?eid=IS800b

<sup>&</sup>lt;sup>1</sup> Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



e. What information will DHS collect on the form? *List all PII data elements on the form. If the form will collect information from more than one type of individual, please break down list of data elements collected by type of individual.* 

The EMI collects the following PII data elements on its Independent Study Course Enrollment Application:

- Name;
- Mailing address;
- Student ID number (SID);
- Work Telephone number;
- Home Telephone number; and
- Email address.
- f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? *Check all that apply.* Not applicable.
- □ Social Security number □ DHS Electronic Data Interchange Personal Identifier (EDIPI) □ Alien Number (A-Number) □ Social Media Handle/ID □ Tax Identification Number □ Known Traveler Number □ Visa Number □ Trusted Traveler Number (Global Entry, □ Passport Number Pre-Check, etc.) □ Bank Account, Credit Card, or □ Driver's License Number other financial account number □ Biometrics □ Other. *Please list:*

g. List the *specific authority* to collect SSN or these other SPII elements. **Not applicable.** 

h. How will this information be used? What is the purpose of the collection?
 Describe *why* this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.

Not Applicable.

i. Are individuals
 provided notice
 at the time of
 ☑ Yes. Please describe how notice is provided.
 A Privacy Act Statement will be provided.
 □ No.



collection by
DHS (Does the
records subject
have notice of the
collection or is
form filled out by
third party)?

3. How will DHS store th	e IC/form responses?
a. How will DHS store the original, completed IC/forms?	<ul> <li>□ Paper. Please describe. Click here to enter text.</li> <li>⊠ Electronic. Please describe the IT system that will store the data from the form. Applications are stored in the EMI database of the "Training.fema.gov" system and website.</li> <li>□ Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.</li> </ul>
b. If electronic, how does DHS input the responses into the IT system?	<ul> <li>Manually (data elements manually entered). Please describe.</li> <li>Click here to enter text.</li> <li>Automatically. Please describe.</li> <li>After the student submits the exam using 064-0-9, the student information and exam score is automatically recorded in the EMI database of the Training.fema.gov system and website.</li> </ul>
c. How would a user search the information submitted on the	⊠ By a unique identifier. <sup>2</sup> <i>Please describe</i> . If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA.

 $<sup>^2</sup>$  Generally, a unique identifier is considered any type of "personally identifiable information," meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



forms, <i>i.e.</i> , how is the	Student information is retrieved using a SID. This
information	unique identifier is issued by the EMI for the
retrieved?	purpose of identifying the student.
	$\Box$ By a non-personal identifier. <i>Please describe</i> .
	Click here to enter text.
d. What is the records	Records are destroyed immediately after data have
retention	been entered or otherwise incorporated into the
schedule(s)? Include	master file or database and verified, but longer
the records schedule	retention is authorized if required for business use,
number.	per EDP-2-2.
e. How do you ensure	Periodic review of database to ensure database meet
that records are	all applicable retention policies.
disposed of or deleted	
in accordance with	
the retention	
schedule?	
f. Is any of this information	on shared outside of the original program/office? <i>If yes,</i>
describe where (other oj	ffices or DHS components or external entities) and why.
What are the authorities	s of the receiving party?
$\Box$ Yes, information is share	ed with other DHS components or offices. Please describe
Click here to enter text.	
oxtimes Yes, information is share	ed <i>external</i> to DHS with other federal agencies, state/loca
partners, international par	tners, or non-governmental entities. Please describe.
• • •	mpletion reports with STOs. The report provides
	or individuals residing within the STO's SLTT,
-	and title, completion date, name, address, home
telephone number, SID a	

 $\Box$  No. Information on this form is not shared outside of the collecting office.





# Please include <u>a copy of the referenced form and Privacy Act Statement</u> (if applicable) with this PTA upon submission.



#### **PRIVACY THRESHOLD REVIEW**

# (TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Christopher Rogers	
Date submitted to component Privacy Office:	December 21, 2016	
Date submitted to DHS Privacy Office:	Click here to enter a date.	
Have you approved a Privacy Act	$\boxtimes$ Yes. Please include it with this PTA	
Statement for this form? (Only	submission.	
applicable if you have received a	□ No. Please describe why not.	
waiver from the DHS Chief Privacy	Click here to enter text.	
Officer to approve component Privacy		
Act Statements.)		
Component Privacy Office Recommenda		
Please include recommendation below, including what existing privacy compliance		
documentation is available or new privacy compliance documentation is needed.		
The FEMA Privacy Office recommends the following coverage:		
PIA: DHS/FEMA/PIA-016 – Application and Registration Records for Training And Exercise		
Programs (ARRTEP); and		
SORN: DHS/FEMA - 011 Training and Exercise Programs (80 Fed. Reg. 3241 (Jan. 22, 2015)).		



#### PRIVACY THRESHOLD ADJUDICATION

# (TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Emily Stoner
PCTS Workflow Number:	1140209
Date approved by DHS Privacy Office:	March 23, 2017
PTA Expiration Date	March 23, 2018

#### DESIGNATION

Privacy Sensitive IC or		Yes If "no" PTA adjudication is complete.	
Form:			
Determination:		$\Box$ PTA sufficient at this time.	
		Privacy compliance documentation determination in	
		progress.	
		□ New information sharing arrangement is required.	
		□ DHS Policy for Computer-Readable Extracts Containing SPII applies.	
		Privacy Act Statement required.	
		⊠ Privacy Impact Assessment (PIA) required.	
		System of Records Notice (SORN) required.	
		□ Specialized training required.	
		$\Box$ Other. Click here to enter text.	
DHS IC/Forms Re	eview:	DHS PRIV has not received this ICR/Form.	
Date IC/Form App	proved	Click here to enter a date.	
by PRIV:			
IC/Form PCTS Number:		Click here to enter text.	
		(3) statement is required.	
Statement:	Need t	Need to include e(3) statement on form.	
PTA:	No system PTA required.		
	Click here to enter text.		
PIA:	PIA up	PIA update is required.	
If covered by existing PIA, please list: Click here to enter text.			



	If a PIA update is required, please list: DHS/FEMA/PIA-016 Application
	and Registration Records for Training And Exercise Programs (ARRTEP)
SORN:	System covered by existing SORN
	If covered by existing SORN, please list: DHS/FEMA - 011 Training and
	Exercise Programs, 80 FR 3241 (Jan. 22, 2015)
	If a SORN update is required, please list: Click here to enter text.

DHS Privacy Office Comments:

*Please describe rationale for privacy compliance determination above.* 

DHS Privacy finds that FEMA/EMI Independent Study Course Enrollment Application (OMB 1660-0046, Form 064-0-9) is a privacy-sensitive collection, requiring both PIA and SORN coverage. The form collects Personally Identifiable Information (PII) from members of the public – including U.S. citizens or lawful permanent residents and non-U.S. persons – DHS employees and contractors, and other federal employees and contractors. The information collected includes name, mailing address, Student ID number (SID), work telephone number, home telephone number, and email address. The information collected is used to register individuals desiring to take an independent study course.

The DHS Privacy Office concurs with the FEMA Privacy Office's recommendation of PIA coverage under DHS/FEMA/PIA - 016 Application and Registration Records for Training And Exercise Programs (ARRTEP), which outlines FEMA's collection of PII to register individuals for the respective training and exercise programs and provide training to FEMA employees, contractors, and members of the first responder and emergency management communities. However, PRIV finds that a PIA update is required in order to annotate in section 5.1 that student ID (SID) numbers (unique ID) are being shared with STOs. Form 064-0-9 was previously covered under DHS/FEMA/PIA - 022 Student Training/Exercise Application and Registration Records (STARRS) due to the form's collection of SPII (Social Security Numbers (SSN)). Since this form no longer collects SPII, it will need to be listed under DHS/FEMA/PIA-016 instead of DHS/FEMA/PIA-022.

The DHS Privacy Office concurs with the FEMA Privacy Office's recommendation of SORN coverage under DHS/FEMA - 011 Training and Exercise Programs, 80 FR 3241 (Jan. 22, 2015) which describes FEMA's collection of PII of current and former FEMA employees and contractors, current and former members of the first responder and emergency management communities, and other individuals who have applied or registered to participate in training and exercise programs.



FEMA shares student completion reports (course number and title, completion date, name, address, home telephone number, SID and work email) with State Training Officers (STO) on a need to know basis. STOs manage and track training requirements and completions within the State, Local, Tribal, and Territorial (SLTT) government population associated with their respective SLTT. STOs have approval authority for enrollment requests for EMI classroom-based courses for students from their SLTT governments. Approval authority is covered under DHS/FEMA/PIA -016 in Section 5.1, and information sharing outside of DHS is permitted under Routine Uses H, J, and O in DHS/FEMA - 011.

The Privacy Act Statement must be included on Form 064-0-9.

This PTA expires in 1 year.