

SECTION I - GENERAL INFORMATION 1. U.S. Citizen YES NO 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 **CHOOSE COURSE - PLEASE WRITE NUMBER 1 THROUGH 6 INDICATING YOUR CHOICE**
 W0349 - FIRE SERVICE SAFETY CULTURE: WHO PROTECTS FIREFIGHTERS FROM FIREFIGHTERS?
 W0379 - FIRE INVESTIGATION: FIRST RESPONDERS
 W0457 - DECISION MAKING FOR INITIAL COMPANY OPERATIONS
 W0609 - INTRODUCTION TO UNIFIED COMMAND FOR ALL-HAZARD INCIDENTS
 W0636 - BUILDING ORGANIZATIONAL SUPPORT FOR COMMUNITY RISK REDUCTION
 W0730 - HEALTH AND SAFETY OFFICER

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?
 YES NO (If yes, describe & indicate any special assistance required on a separate sheet)

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED _____	12b. NFIRS # (NFA STUDENTS ONLY) _____	13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION _____
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14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

14 a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 2. <input type="checkbox"/> COUNTY GOVERNMENT 3. <input type="checkbox"/> CITY/TOWN/VILLAGE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 6. <input type="checkbox"/> INDUSTRY/BUSINESS	7. <input type="checkbox"/> FOREIGN 8. <input type="checkbox"/> DHS/FEMA 9. <input type="checkbox"/> TRIBAL NATION	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
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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 ONE 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 1. <input type="checkbox"/> MANAGEMENT 2. <input type="checkbox"/> TRAINING/EDUCATION 3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING 4. <input type="checkbox"/> INVESTIGATION 5. <input type="checkbox"/> FIRE PREVENTION 6. <input type="checkbox"/> FIRE SUPPRESSION 7. <input type="checkbox"/> PROGRAM/ACTIVITY 8. <input type="checkbox"/> HEALTH 9. <input type="checkbox"/> PUBLIC WORKS 10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY 11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE 12. <input type="checkbox"/> HAZARD MITIGATION 13. <input type="checkbox"/> EMERGENCY PREPAREDNESS 14. <input type="checkbox"/> OTHER _____ (Specify)	17b. TYPE OF EXPERIENCE 1. <input type="checkbox"/> INCIDENT COMMAND 2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT 3. <input type="checkbox"/> SUPERVISION 4. <input type="checkbox"/> BUDGET/PLANNING 5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY 6. <input type="checkbox"/> COORDINATION/LIAISON 7. <input type="checkbox"/> PUBLIC EDUCATION 8. <input type="checkbox"/> CODE DEVELOPMENT 9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION 10. <input type="checkbox"/> SUPPORT SERVICES 11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT 12. <input type="checkbox"/> ARSON 13. <input type="checkbox"/> LAW ENFORCEMENT 14. <input type="checkbox"/> DESIGN AND PLANNING 15. <input type="checkbox"/> OTHER (Specify) _____	17c. NUMBER OF YEARS OF EXPERIENCE _____ 17d. SIZE OF DEPARTMENT _____ 17e. BUSINESS TYPE 1. <input type="checkbox"/> GOVERNMENT 2. <input type="checkbox"/> EDUCATION 3. <input type="checkbox"/> FIRE SERVICE 4. <input type="checkbox"/> LAW ENFORCEMENT 5. <input type="checkbox"/> VOLUNTEER AGENCY 6. <input type="checkbox"/> EMERGENCY MANAGEMENT 7. <input type="checkbox"/> HEALTH CARE 8. <input type="checkbox"/> PUBLIC WORKS
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18. DATE OF BIRTH _____ 19. GENDER Male Female

20. RACE (Please check all that apply)
 1. AMERICAN INDIAN or ALASKAN NATIVE 2. ASIAN 3. BLACK or AFRICAN AMERICAN 4. WHITE 5. NATIVE HAWAIIAN or PACIFIC ISLANDER 20a. Ethnicity HISPANIC or LATINO NOT HISPANIC or LATINO

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
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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
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23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

23a. SIGNATURE AND DATE (State Office)	23b. SIGNATURE AND DATE (FEMA Regional Office)
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24a.

Do Not Mail to National Fire Academy
Mail to Maryland Fire & Rescue Institute Only.

25. DISPOSITION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	SIGNATURE OF REVIEWER	DATE
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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 data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.**