DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY

GENERAL ADMISSIONS APPLICATION SHORT FORM

See Reverse for Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION

1. DATE OF BIRTH (Mo, Day, Yr.)

2. GENDER ☐ FEMALE ☐ MALE

3. U.S. CITIZEN ☐ YES ☐ NO ☐ PERMANENT RESIDENT

If No, City and Country of Birth:

4. 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

4a. ETHNICITY
☐ HISPANIC or LATINO
☐ NOT HISPANIC or LATINO

5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)

6. STUDENT IDENTIFICATION (SID) NUMBER

7. HOME MAILING ADDRESS (Street, avenue, road no., P.O. box/city or town, and zip code)

8. WORK PHONE Number ( )

9. HOME PHONE Number ( )

10. FAX Number ( )

11. E-MAIL ADDRESS

12a. ENTER COURSE CODE AND TITLE

12b. COURSE LOCATION

12c. DATE

13. DO YOU HAVE ANY DISABILITIES *(Including special allergies or medical disabilities)* WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING?
☐ NO ☐ YES *(If yes, indicate & describe any special considerations required on a separate sheet)*

SECTION II - EMPLOYMENT INFORMATION

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

14b. NFIRS # (NFA ONLY)

15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION

16. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

16a. JURISDICTION
1. ☐ STATEWIDE
2. ☐ COUNTY GOVERNMENT
3. ☐ CITY/TOWN/VILLAGE
4. ☐ SPECIAL DISTRICT/TOWNSHIP
5. ☐ FEDERAL/MILITARY (non-DHS)
6. ☐ INDUSTRY/BUSINESS
7. ☐ FOREIGN
8. ☐ DHS/FEMA
9. ☐ TRIBAL NATION

16b. ORGANIZATION
1. ☐ ALL CAREER
2. ☐ ALL VOLUNTEER
3. ☐ COMBINATION

16c. CURRENT STATUS
1. ☐ PAID FULL TIME
2. ☐ PAID PART TIME
3. ☐ VOLUNTEER
4. ☐ DISASTER RESERVIST

SECTION III - ENDORSEMENT AND CERTIFICATION

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).

17b. 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 officer or designee.

17c. 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.

17d. 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.

18a. SIGNATURE OF APPLICANT

18b. DATE

19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION *(NOT REQUIRED FOR SELF STUDY PROGRAMS)*

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.

19a. SIGNATURE

19b. PRINTED NAME AND TITLE

19c. DATE

20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE *(NOT REQUIRED FOR SELF STUDY PROGRAMS)*

20a. SIGNATURE AND DATE (State Office)

20b. SIGNATURE AND DATE (FEMA Regional Office)

21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR

22a. DISPOSITION ☐ ACCEPTED ☐ REJECTED	22b. SIGNATURE OF REVIEWER	22c. 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 data collection is estimated to average 6 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.***