DEPARTMENT OF HOMELAND SECURITY

FOR AGENCY USE ONLY

Federal Emergency Management Agency

GENERAL ADMISSIONS APPLICATION

O.M.B. Control No. 1660-0100
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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, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0100) **NOTE: Do not send your completed form to this address.**

PRIVACY ACT STATEMENT

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 FEMA training. 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.; 6 U.S.C. Section 763a; Title 44 U.S.C., Section 3101; Executive Orders 12127 and 12148; Title VII of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973; Section 1204 (c) of the Implementing Recommendations of the 9/11 Commission Act of 2007. Public Law 110-53, 121 Stat. 266 (codified at 6 U.S.C. §1102). PURPOSE - To determine eligibility for participation in FEMA training. Demographic data is used for statistical purposes only. USES - FEMA may release information to: FEMA training agency staff and partners to analyze application and enrollment patterns; a physician providing medical assistance to students during training; Board of Visitors members to evaluate programmatic statistics; State, local, tribal agencies to provide FEMA training statistics; Members of Congress; and FEMA training program contractors. EFFECTS OF NONDISCLOSURE - Though voluntary, failure to provide personal information on this form may delay application processing and course completion certification.

SECTION 1 - GENERAL INFORMATION

1. U.S. Citizen ◯ YES ◯ NO ◯ PERMANENT RESIDENT If No, City and Country of Birth: _____

2. NAME as shown on valid ID (Last, First, Middle Initial, Suffix)	3. FEMA STUDENT IDENTIFICATION (SID) NUMBER
4. HOME MAILING ADDRESS (street, avenue road #, P.O. box/city or town, state, and zip code)	5. WORK PHONE #
	6. HOME PHONE #
	7. CELL PHONE #

8a. WORK E-MAIL:	8b. PERSONAL E-MAIL:
9a. COURSE CATALOG #, CODE, TITLE, OR PROGRAM:	9b. TRAINING LOCATION (N/A for Distance Learning)

9c. DATES REQUESTED (Please give 3 choices)			9d. TRAINING COMPONENT OR PROVIDER ID
1	2	3	

9e. TRAINING DELIVERY TYPE: ◯ Resident ◯ Non-Resident ◯ Indirect ◯ Distance Learning ◯ Conference/Symposium

9f. AIRPORT OF DEPARTURE OR POV (CDP USE ONLY) _____

10. ATTACH PREREQUISITE CERTIFICATES OR OFFICIAL TRANSCRIPT

11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? ◯ YES ◯ NO

SECTION 2 - EMPLOYMENT INFORMATION AND AUTHORIZATION

12. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED	13a. CURRENT POSITION	13b. YEARS IN POSITION

14. CHECK THE BOX BELOW THAT BEST DESCRIBES YOUR ORGANIZATION

14a. JURISDICTION				14b. ORGANIZATION
1. ☐ STATEWIDE/TERRITORIAL	4. ☐ SPECIAL DISTRICT	7. ☐ INTERNATIONAL	10. ☐ DHS	1. ☐ ALL CAREER
2. ☐ LOCAL GOVERNMENT	5. ☐ MILITARY	8. ☐ FEMA		2. ☐ ALL VOLUNTEER
3. ☐ FEDERAL (NON-DHS)	6. ☐ PRIVATE SECTOR	9. ☐ TRIBAL NATION		3. ☐ COMBINATION

15. CURRENT STATUS 1. ☐ PAID FULL TIME 2. ☐ PAID PART TIME 3. ☐ VOLUNTEER

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. **NFA ONLY**: 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.

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17. DATE OF BIRTH	18. GENDER (Required for lodging) ☐ Male ☐ Female

19. RACE (Optional - Please check the one that best applies)

1. ☐ AMERICAN INDIAN or ALASKAN NATIVE
2. ☐ ASIAN
3. ☐ BLACK or AFRICAN AMERICAN
4. ☐ WHITE
5. ☐ NATIVE HAWAIIAN or PACIFIC ISLANDER

19a. ETHNICITY (Optional)

☐ HISPANIC or LATINO

☐ NOT HISPANIC or LATINO

20. DISCIPLINE (Check the box that best applies to your organization).

1. ☐ AGRICULTURE
2. ☐ EDUCATION
3. ☐ HAZARDOUS MATERIALS
4. ☐ CITIZEN/COMMUNITY VOLUNTEER
5. ☐ EMERGENCY MANAGEMENT
6. ☐ FIRE SERVICE
7. ☐ HEALTH CARE
8. ☐ INFORMATION TECHNOLOGY
9. ☐ EMERGENCY MEDICAL SERVICES
10. ☐ LAW ENFORCEMENT
11. ☐ PUBLIC HEALTH
12. ☐ PUBLIC SAFETY COMMUNICATIONS
13. ☐ GOVERNMENTAL ADMINISTRATIVE
14. ☐ SECURITY AND SAFETY
15. ☐ PUBLIC WORKS
16. ☐ SEARCH AND RESCUE
17. ☐ TRANSPORTATION
18. ☐ OTHER (PLEASE SPECIFY) _____

SECTION 3 - 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, stipend, or travel reimbursement, if applicable (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. Further, I understand that this information is available to all FEMA training facilities and their training partners.

21c. Further, I understand that FEMA training agencies and their training partners 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 the FEMA training agencies and their training partners. Failure to do so will result in denial of the student stipend (if applicable), expulsion from the course, and possible barring from future courses.

SIGNATURE OF APPLICANT	DATE

22. APPROVAL BY SUPERVISOR OR HEAD OF 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. I have reviewed this application and certify that 1) the applicant meets all the prerequisites and qualifications to attend this course; 2) attendance will contribute to the professional development of the participant in support of this agency's emergency response mission."

22a. SIGNATURE AND DATE	22b. PRINTED NAME AND TITLE
22c. EMAIL ADDRESS	22d. TELEPHONE NUMBER

23. STATE OR REGIONAL APPROVAL (If Required)

23a. SIGNATURE AND DATE	23b. PRINTED NAME AND TITLE
23c. EMAIL ADDRESS	23d. TELEPHONE NUMBER

24. TRAINING COMPONENT DISPOSITION ☐ ACCEPTED ☐ REJECTED	SIGNATURE OF REVIEWER	DATE

EQUAL OPPORTUNITY STATEMENT

FEMA and their training partners 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.