

**INSTRUCTIONS**  
**HOW TO USE THE 75-5 ADOBE ACROBAT SCREEN FILLABLE**  
**GENERAL ADMISSIONS APPLICATION FORM**

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**PLEASE NOTE:** This form requires the Acrobat Reader. If you are using Acrobat Reader version 3.0, some of the functionality of the form will not work. Use the Non-Fillable version of this form to complete in hard copy.

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**Keyboard Functions:**

TAB: Pressing TAB accepts the information typed in and moves you to the next field.

ENTER: Accepts the information entry.

SPACE BAR: Will select or deselect a check box or radio button entry.

ESCAPE: Rejects the information entry.

PAGE UP: Moves upward through the form.

PAGE DOWN: Moves downward through the form.

Methods to complete the form:

- ♦ Click in Block 1 of the form to begin. TAB or CLICK through the form to continue entering information.
- ♦ Point the mouse pointer at a form field and click. The I-beam pointer allows you to type text.
- ♦ The ARROW POINTER allows you to select a button, a check box, or a radio button. You may also use your SPACE BAR to select one of these items.
- ♦ Dates should be entered in “the mm/dd/yyyy” format.
- ♦ Enter the start date of the course you have selected in Block 9c.
- ♦ Block 16 is limited in size. Attach a sheet with any additional information to the application form prior to submission.
- ♦ When you complete Block #19b, TAB **twice** to bring you back to the top of the form.

**MAKING CORRECTIONS:**

CLICK in the field you wish to correct and type in the new information. If you wish to correct the entire form, then follow the CLEARING or RESETTING instructions below.

**CLEARING OR RESETTING THE FORM:**

To clear or reset the form and begin again, CLICK on the RESET FORM button at the bottom of the second page of the application form. After resetting the form, use the PAGE UP button on your keyboard to move back to the beginning of the form.

*Clicking the RELOAD button or the GO BACK button, or following a link in a browser window, does not clear a form. THERE IS NO “UNDO” FOR THIS ACTION.*

**SAVING THE COMPLETED FORM:**

You cannot save the information in a form using the SAVE or SAVE AS commands. Saving to disk, either by exporting the form or saving the filled-in form is available only in Acrobat.

**PRINTING THE COMPLETED FORM:**

Choose FILE and PRINT from the menu bar or CLICK the PRINT button on the toolbar.

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**GENERAL ADMISSIONS APPLICATION**

See Reverse for  
 Privacy Act Statement

O.M.B No. 3067-0024 Expires  
 March 31, 2000

**SECTION I - GENERAL INFORMATION**

1. U.S. Citizen  YES  NO

If no, Place of Birth:

2. NAME (As you would like it to appear on your certificate.  
 Last, First, Middle, Suffix)

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

4. SOCIAL SECURITY NO.

5. SEX  
 Male  
 Female

6. HOME ADDRESS (Street, avenue, road no./city or town/State and zip code)

7a. WORK PHONE NO.

7b. HOME PHONE NO.

7c. FAX NO.

6b. EMAIL ADDRESS:

8. PLEASE CHECK THE RACE/NATIONAL ORIGIN WHICH BEST APPLIES TO YOUR ANCESTRAL HERITAGE (Providing this information is voluntary)

- AMERICAN INDIAN or ALASKAN NATIVE       ASIAN or PACIFIC ISLANDER  
 BLACK, not of Hispanic origin       WHITE, not of Hispanic origin       HISPANIC

9a. ENTER COURSE CODE AND TITLE:

9b. COURSE LOCATION

9c. DATES REQUIRED (Please give three choices)

10. COMPLETE THE ITEM BELOW REGARDING THE PREREQUISITES OF THE COURSE(S) 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 CONSIDERATION DURING YOUR ATTENDANCE AT NETC?  NO  YES (If yes describe & indicate any special considerations required on a separate sheet)

**SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION**

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

12b. NFIRS #  
 (NFA ONLY)

13. CURRENT POSITION AND  
 NUMBER OF YEARS IN  
 POSITION

**14. CHECK THE BOX(ES) THAT BEST DESCRIBE YOUR ORGANIZATION**

14a. JURISDICTION

- STATEWIDE       SPECIAL DISTRICT/TOWNSHIP       FOREIGN  
 COUNTY GOVERNMENT       FEDERAL/MILITARY       FEMA  
 CITY/TOWN/VILLAGE       INDUSTRY/BUSINESS       NDER/IMA

14b. ORGANIZATION

- ALL CAREER  
 ALL VOLUNTEER  
 COMBINATION

15. CURRENT STATUS

- PAID FULL TIME  
 PAID PART TIME  
 VOLUNTEER  
 DISASTER RESERVIST

16. Briefly describe your activities or 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, indicating 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.  MANAGEMENT
2.  TRAINING/EDUCATION
3.  SCIENTIFIC/ENGINEERING
4.  INVESTIGATION
5.  FIRE PREVENTION
6.  FIRE SUPPRESSION
7.  PROGRAM/ACTIVITY
8.  HEALTH
9.  PUBLIC WORKS
10.  DISASTER RESPONSE/RECOVERY
11.  EMERGENCY MEDICAL SERVICES
12.  HAZARD MITIGATION
13.  EMERGENCY PREPAREDNESS
14.  OTHER (Specify)

b. TYPE OF ORGANIZATION

1.  INCIDENT COMMAND
2.  ADMINISTRATION/STAFF SUPPORT
3.  SUPERVISION
4.  BUDGET/PLANNING
5.  PROGRAM DEVELOPMENT/DELIVERY
6.  COORDINATION/LIAISON
7.  PUBLIC EDUCATION
8.  CODE DEVELOPMENT
9.  CODE ENFORCEMENT/INSPECTION
10.  SUPPORT SERVICES
11.  RESEARCH AND DEVELOPMENT
12.  ARSON
13.  LAW ENFORCEMENT
14.  DESIGN AND PLANNING
15.  OTHER (Specify)

17c. NUMBER OF YEARS EXPERIENCE \_\_\_\_\_

**SECTION III – ENDORSEMENT AND CERTIFICATION**

- 18 a. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the National Emergency Training Center (NETC) if I am admitted as a student. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).
- b. 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.
- c. Further, I understand the NETC is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- d. I agree to abide by the rules, policies, and regulations of NETC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future NETC courses.

|                        |      |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
|------------------------|------|

19. Approval by the Head of the Sponsoring Organization:

|                |                             |
|----------------|-----------------------------|
| 19a. SIGNATURE | 19b. PRINTED NAME AND TITLE |
|----------------|-----------------------------|

20. Additional endorsements for application to the Emergency Management Institute:

|                               |  |
|-------------------------------|--|
| 20a. SIGNATURE (State Office) | 20b. SIGNATURE FEMA (FEMA Regional Office) |
|-------------------------------|--|

|   |   |
|---|---|
| 21a. FOR NFA COURSES DELIVERED IN EMMITSBURG, MD<br>SUBMIT APPLICATION TO:<br><br><p align="center"><b>NATIONAL EMERGENCY TRAINING CENTER<br/>                 OFFICE OF ADMISSIONS<br/>                 16825 SOUTH SETON AVENUE<br/>                 EMMITSBURG, MD 21727</b></p> | 21b. FOR EMI COURSES IN EMMITSBURG, MD, SUBMIT<br>THE APPLICATION THOROUGH THE APPROPRIATE STATE<br>EMERGENCY MANAGEMENT COORDINATOR AND FEMA<br>REGION TO NETC.<br><br>21c. FOR FIELD PROGRAM COURSES, SUBMIT<br>APPLICATION TO APPROPRIATE SPONSOR. |
|---|---|

|  |                       |      |
|--|-----------------------|------|
| 22. DISPOSITION<br><input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED | SIGNATURE OF REVIEWER | DATE |
|--|-----------------------|------|

**PRIVACY ACT STATEMENT**

**GENERAL** – This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for admission to the National Fire Academy (NFA) or the Emergency Management Institute (EMI).

**AUTHORITY** – Public Law 93-498, 15 U.S.C. 2206, 5 U.S.C. 301; 44 U.S.C. 3101, 50 U.S.C. App. 2253, E.O. 12127, and E.O. 12148.

**PURPOSES AND USES** – The principal purpose of the information requested on this form will be used to determine eligibility for attendance and benefits to be gained. Information such as age, sex, and ancestral heritage is used for statistical purposes and may be a factor in enhancing cultural diversity in the classroom. Information may be provided to the FEMA Staff to analyze application and enrollment patterns for specific courses. If accepted for admission, certain information may be released to a physician to provide medical assistance to students who become ill or are injured during courses; to Members of the Board of Visitors for the purpose of evaluating the participants of the courses; to sponsoring States, local officials, or State training agencies to update statistics of NFA and EMI applicants from their States or local jurisdiction; to a Member of Congress in response to an inquiry made at your request. Information will only be used or released as permitted by law.

**EFFECTS OF NONDISCLOSURE** – Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in a delay in processing your application.

**Information Regarding Disclosure of Your Social Security Number Under PL-579, Section 7(b)** – Solicitation of the SSN is authorized under provision of E.O. 9397, dated November 22, 1943. The disclosure of your SSN is voluntary and is only for recordkeeping purposes. If you do not provide your SSN, a system identification number will be assigned to you for recordkeeping purposes. The SSN is used as an identifier to match the person completing the training with the correct master record in order to better assist you in obtaining certifications of completed courses. The use of the SSN is necessary because of the large numbers of individuals who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Emergency Management Agency, 500 C Street, SW, Washington, DC 20472. **NOTE:** Do not send your completed form to this address. Please return it to the address shown in block 21.