

Top 8 Tips for Completing a Successful EMI Application

#8: If a prerequisite includes a specific certification, we expect to see a copy of that certification attached to the 119-25-1. **If it's not attached, the application package is NOT complete.**

#7: If a prerequisite includes an education requirement, we expect to see that information in **Block #10.**

#6: Address the student selection criteria completely. This should be done in **Block #16.** Keep in mind that this is where we:

- **DO** want to know what you do that qualifies you for the class you are applying for.
- **DO NOT** want to know how you think you will benefit from this class.

#5: Take the student selection criteria from the course catalog and repeat it back in **Block #16** as it applies to your position. For example, if the selection criteria calls for a minimum of 36 months experience, the reviewer is looking for a statement indicating that you have xx months of experience.

#4: A Job Description does not tell us what experience you have. Elaborate on what you do in your job that matches the selection criteria.

#3: Don't forget to attach a Department organizational chart showing your position in the organization. Be sure to circle or highlight your position on the chart so it stands out.

#2: SIGN YOUR APPLICATION! Missed signatures are common, and while that error is correctable, it still takes time and the applications fall into a pending category until such time as a signature is forwarded.

DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY GENERAL ADMISSIONS APPLICATION		See Reverse for Privacy Act Statement	O.M.B. No. 1660-0100 Expires August 31, 2013
SECTION I - GENERAL INFORMATION		1. U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO If No, City and Country of Birth: _____	
2. NAME (Last, First, Middle Initial, Suffix)		3. SOCIAL SECURITY NUMBER	
4. HOME ADDRESS (Street, avenue, road no./city or town, state, and zip code)		5. WORK PHONE NO. ()	
		6. HOME PHONE NO. ()	
		7. FAX NO. ()	
		8. E-MAIL ADDRESS:	
9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application)		9b. COURSE LOCATION	
		9c. DATES REQUESTED (Please give three choices)	
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? <input type="checkbox"/> NO <input type="checkbox"/> YES (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
14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			
14 a. JURISDICTION	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP/ TRIBAL NATION	7. <input type="checkbox"/> FOREIGN	14 b. ORGANIZATION
1. <input type="checkbox"/> STATEWIDE	5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)	8. <input type="checkbox"/> DHS/FEMA	1. <input type="checkbox"/> ALL CAREER
2. <input type="checkbox"/> COUNTY GOVERNMENT	6. <input type="checkbox"/> INDUSTRY/BUSINESS	9. <input type="checkbox"/> NDER/IMA	2. <input type="checkbox"/> ALL VOLUNTEER
3. <input type="checkbox"/> CITY/TOWN/VILLAGE			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
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	17b. TYPE OF EXPERIENCE	17c. NUMBER OF YEARS OF EXPERIENCE _____	
1. <input type="checkbox"/> MANAGEMENT	1. <input type="checkbox"/> INCIDENT COMMAND	17d. SIZE OF DEPARTMENT _____	
2. <input type="checkbox"/> TRAINING/EDUCATION	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17e. BUSINESS TYPE	
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	3. <input type="checkbox"/> SUPERVISION	1. <input type="checkbox"/> GOVERNMENT	
4. <input type="checkbox"/> INVESTIGATION	4. <input type="checkbox"/> BUDGET/PLANNING	2. <input type="checkbox"/> EDUCATION	
5. <input type="checkbox"/> FIRE PREVENTION	5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	3. <input type="checkbox"/> FIRE SERVICE	
6. <input type="checkbox"/> FIRE SUPPRESSION	6. <input type="checkbox"/> COORDINATION/LIAISON	4. <input type="checkbox"/> LAW ENFORCEMENT	
7. <input type="checkbox"/> PROGRAM/ACTIVITY	7. <input type="checkbox"/> PUBLIC EDUCATION	5. <input type="checkbox"/> VOLUNTEER AGENCY	
8. <input type="checkbox"/> HEALTH	8. <input type="checkbox"/> CODE DEVELOPMENT	6. <input type="checkbox"/> EMERGENCY MANAGEMENT	
9. <input type="checkbox"/> PUBLIC WORKS	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	7. <input type="checkbox"/> HEALTH CARE	
10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	10. <input type="checkbox"/> SUPPORT SERVICES	8. <input type="checkbox"/> PUBLIC WORKS	
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE	11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT		
12. <input type="checkbox"/> HAZARD MITIGATION	12. <input type="checkbox"/> ARSON		
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS	13. <input type="checkbox"/> LAW ENFORCEMENT		
14. <input type="checkbox"/> OTHER (Specify) _____	14. <input type="checkbox"/> DESIGN AND PLANNING		
	15. <input type="checkbox"/> OTHER (Specify) _____		
18. DATE OF BIRTH	19. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	20a. ETHNICITY <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO	
20b. RACE (Please check all that apply)			
1. <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER			

FEMA Form 119-25-1, AUG 2010

PREVIOUSLY FEMA Form 75-5

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) and FEMA-wide courses.	
SIGNATURE OF APPLICANT	DATE
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, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.	
22a. SIGNATURE	22b. PRINTED NAME AND TITLE

ADDITIONAL ENDORSEMENTS OR INFORMATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

#1: The most important thing to remember is that your application **MUST BE COMPLETE** before it can be processed.