



U.S. Fire Administration

Community Education Leadership—One Week

(R353) March 11-16, 2012



FEMA



Stopping fires *before* they become fires

Please join us for the USFA class

COMMUNITY EDUCATION LEADERSHIP — One Week

(R353) Course Dates: March 11–16, 2012

This 6-day course teaches students contemporary leadership elements necessary for successful comprehensive community safety education, including striving for personal commitment in community safety education and obtaining organizational and community support. The course teaches students to identify community issues and diverse target populations and how to select appropriate methods for reaching diverse groups. Students learn to address the most critical fire and life safety issues for a community and write measurable performance objectives.

The course is designed for interactivity and sharing of ideas. For example, students share their evaluation plans for a community risk issue, and discover strategies to maximize community resources.

Throughout the course, students work on culminating activities relating to community safety education in their own organization and community. Class and instructor feedback is a critical component of the evaluation process. Three short exams provide the students with validation of learning. Students share their culminating activities with the class at the end of the session.

As with many resident courses, students are asked to bring and share new or unique prevention programs from their organization or within their community.

Note: Students who have taken the 2-week CEL or the CEL (VIP) are not eligible to take this course.

Student Selection Criteria: Students must be coordinators of their organization's public or community safety education function. Personnel in small departments and State or local fire organization personnel who serve on a prevention committee are also ideal candidates.

If unclear about student stipend eligibility, students should check with the NETC Admissions Office.

ACE Recommendation: In the lower division baccalaureate/associate degree category, or upper division baccalaureate degree category, 3 semester hours in Fire Science.

Mandatory Prerequisite for ALL NFA Courses:

ALL National Fire Academy resident students must complete ICS 100 level and ICS 200 level training BEFORE they arrive at the National Emergency Training Center. While we prefer that students complete the Q-462 and Q-463 courses available through NFA Online at www.usfa.dhs.gov/nfa/nfaonline/, we will accept other NIMS-compliant equivalent training as provided by State or Federal agencies. The Fire Chief's signature on the application attests that the applicant has completed this required prerequisite training. No entry for this prerequisite is necessary on your application.

Application Procedures

Each course has specific application requirements.

NFA course descriptions and the General Admission Application 119-25-1 for resident courses can also be obtained from the USFA Web site at:

www.usfa.dhs.gov/downloads/pdf/ff_119_25_1_75_5.pdf

Completed applications must be postmarked within the appropriate application period and sent to the Office of Admissions (address listed below).

NEW! Application Period Dates:

April 15–June 15, 2011

Please Note: The first semester of Fiscal Year 2012 runs from October 1, 2011, to March 31, 2012. Applications for this semester must be postmarked between April 15 and June 15, 2011. Applications received before April 15 or after June 15, 2011, will be returned to the applicant. Students must reapply for the next semester courses if they are not accepted for the first semester. No applications will be carried over.

Mail Applications to:

Office of Admissions
USFA/Department of Homeland Security
16825 South Seton Avenue • Emmitsburg, MD 21727

Office of Admissions Phone: (301) 447-1035

Office of Admissions Fax: (301) 447-1441

(Applications are accepted via Fax within the deadline)

USFA Web site: www.usfa.dhs.gov

Gerry N. Bassett (301) 447-1094
U.S. Fire Administration

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 YES 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?
 NO 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 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 20a. ETHNICITY HISPANIC or LATINO NOT HISPANIC or LATINO

20b. RACE (Please check all that apply)
 1. AMERICAN INDIAN or ALASKA NATIVE 2. ASIAN 3. BLACK or AFRICAN AMERICAN 4. WHITE 5. NATIVE HAWAIIAN or PACIFIC ISLANDER

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

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

23a. SIGNATURE AND DATE (State Office)

23b. SIGNATURE AND DATE (FEMA Regional Office)

24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO:

**NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS, BLDG. I-216
16825 SOUTH SETON AVENUE
EMMITSBURG, MD. 21727**

24b. FOR EMI AND FEMA-WIDE COURSES DELIVERED AT NETC, MWEOC, OR NTF SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL TRAINING MANAGER TO NETC.

24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.

25. DISPOSITION

ACCEPTED

REJECTED

SIGNATURE OF REVIEWER

DATE

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, sex, 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, EMI or any FEMA Agency-wide 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.*; 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, EMI and any FEMA Agency-wide training courses. Information such as age, sex, 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 and FEMA-wide 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 volunteer 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.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PL 93-579, SECTION 7(b) - E.O. 9397 authorizes the collection of the SSN. The SSN is necessary because of the large number of individuals who have identical names and birthdates and whose identities can only be distinguished by the SSN. The SSN is used for recordkeeping purposes, i.e., to ensure that your academic record is maintained accurately. Disclosure of the SSN is voluntary. However, if you do not provide your SSN, another number will be substituted, which will delay processing your application or course certificate.

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, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. 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, Paperwork Reduction Project (1660-0100). **NOTE: Do not send your completed form to this address.**