




# FEMA

November 8, 2010

MEMORANDUM FOR: State Training Directors / TRADE Membership

FROM: Kirby E. Kiefer, Ed.D.   
Acting Superintendent, National Fire Academy

SUBJECT: Off-Campus 6- and 10-Day NFA Sponsored Courses

Over the years, we have dealt with concerns from State Training Directors and other hosts of off-campus 6 and 10 day National Fire Academy (NFA) Sponsored Courses. The problems arose when Applications reached our Admissions Office, and the applicants were determined to have less than the minimum requirements to attend the course. Generally, the disagreements could be resolved after another exchange of information.

Our issue was that students who may not have prerequisite experience or training for a course may not be able to contribute to the discussions and exercises that are so central to our course designs, and thereby may detract from the course experience for everyone. State contacts countered with the observation that they knew the local audience and students best.

As a pilot test, we want to ask our State partners to accept the responsibility for determining if applicants meet the student selection criteria to attend a course. To that end, when a State selects a course for delivery, we will provide the published Student Selection Criteria for the course. In addition, we will provide the State with the "pink sheet" of clarifications and details to which our Admissions Office staff must refer (as they are not fire service subject matter experts) when determining whether the criteria are met. After determining which applicants meet the selection criteria, the State will forward the successful applications to the NFA Admissions Office at least 40 days prior to the course start date (which will allow time for the Admissions Office to prepare and provide a course roster and for Procurement to issue purchase orders to contract instructors). Certificates will continue to be mailed to the course site while the course is being held.

As with our other off-campus courses, we will require that there be at least 20 registrants 40 days before the scheduled class date. You may continue to recruit (up to the published class maximum enrollment) until the class date.

The plan is outlined in the attached announcement. If you would prefer to opt out of this project, at your request, our Admissions Office will continue to screen applications and send you rosters of students who meet the requirements.

The "new" application forms (the old "75-5" and "75-5a" forms are now obsolete) are attached.

Also attached is a blank cover sheet which we ask you to attach when you submit applications (with a roster) to the Admissions Office. Please make sure that you insert the correct Course Code on the cover sheet; confirming by writing out the course title will make certain that the Admissions Office issues accurate certificates. The Admissions staff also ask that you make sure that both the class start and end dates are listed.

**STUDENT APPLICATIONS**  
**National Fire Academy-Sponsored Off-campus 6- and 10-day Courses**

Effective immediately, the National Fire Academy will rely on the respective State Fire Training System administrators to review and approve applications for National Fire Academy-sponsored Off-campus 6- and 10-day courses.

Students within the regions should submit their applications directly to the State Fire Training System that is hosting the course, and advertisements and announcements should list the host State address for return of the Applications.

**Student Application Forms**

If Course is:	Use
Six or Ten Days	FEMA Form 119-25-1, General Admissions Application (formerly FEMA Form 75-5)
Two Days	FEMA Form 119-25-2, General Admissions Short Form Application (formerly FEMA Form 75-5A)

So that exercises and group activities can be conducted, State partners should assure that any class has at least twenty registrants. State sponsors should provide the completed applications to the NETC Admissions Office Forty Days prior to the course start date. Packets of Applications can be sent to:

Admissions Office  
National Emergency Training Center  
16825 S. Seton Avenue  
Emmitsburg, Maryland 21727  
Fax: 301.447.1441

The NETC staff will enter the applications into the NFA student admissions database and send acceptance letters to the students.

Advertisements should list the host State address for return of the Applications. If a student sends an application to the NFA Admissions Office separately, the application will be returned to the student with a note saying that they must apply through their State Fire Training office.

Upon receipt of the applications from the host State agency, the NFA Admissions Office will enter all student information into the NFA admissions database. The Training Specialist and the Program Manager for the 10/6 day off campus offerings will receive notification from the NETC Admissions Office with a student count.

The NETC Admissions Office will:

- Provide pre-printed stipend forms for each student and a course roster to our logistics delivery contractor one week prior to the course start date.
- Receive the corrected roster from the State on the first day of the course.
- Admissions will make any corrections notated on the roster in the admissions database.
- Provide a final roster and course certificates to our logistics delivery contractor by Tuesday/Wednesday of the course. Our logistics delivery contractor sends the materials(certs and updated roster) “overnight” mail to the course location.
- Accept stipend reimbursement forms as collected by the instructor or State host for each student eligible for stipend reimbursement. They should be submitted in a single package.

If you have questions, please contact Admissions Specialist Jo Ann Boyd at 301.447.1415.

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) \_\_\_\_\_

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	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP	7. <input type="checkbox"/> FOREIGN	14 b. ORGANIZATION	15. CURRENT STATUS
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	1. <input type="checkbox"/> PAID FULL TIME
2. <input type="checkbox"/> COUNTY GOVERNMENT	6. <input type="checkbox"/> INDUSTRY/BUSINESS	9. <input type="checkbox"/> TRIBAL NATION	2. <input type="checkbox"/> ALL VOLUNTEER	2. <input type="checkbox"/> PAID PART TIME
3. <input type="checkbox"/> CITY/TOWN/VILLAGE			3. <input type="checkbox"/> COMBINATION	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	_____
2. <input type="checkbox"/> TRAINING/EDUCATION	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17d. SIZE OF DEPARTMENT _____
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	3. <input type="checkbox"/> SUPERVISION	17e. BUSINESS TYPE
4. <input type="checkbox"/> INVESTIGATION	4. <input type="checkbox"/> BUDGET/PLANNING	1. <input type="checkbox"/> GOVERNMENT
5. <input type="checkbox"/> FIRE PREVENTION	5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	2. <input type="checkbox"/> EDUCATION
6. <input type="checkbox"/> FIRE SUPPRESSION	6. <input type="checkbox"/> COORDINATION/LIAISON	3. <input type="checkbox"/> FIRE SERVICE
7. <input type="checkbox"/> PROGRAM/ACTIVITY	7. <input type="checkbox"/> PUBLIC EDUCATION	4. <input type="checkbox"/> LAW ENFORCEMENT
8. <input type="checkbox"/> HEALTH	8. <input type="checkbox"/> CODE DEVELOPMENT	5. <input type="checkbox"/> VOLUNTEER AGENCY
9. <input type="checkbox"/> PUBLIC WORKS	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	6. <input type="checkbox"/> EMERGENCY MANAGEMENT
10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	10. <input type="checkbox"/> SUPPORT SERVICES	7. <input type="checkbox"/> HEALTH CARE
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE	11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	8. <input type="checkbox"/> PUBLIC WORKS
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  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
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**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
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**23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:**

23a. SIGNATURE AND DATE (State Office)	23b. SIGNATURE AND DATE (FEMA Regional Office)
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24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO:  <p align="center"><b>NATIONAL EMERGENCY TRAINING CENTER OFFICE OF ADMISSIONS, BLDG. I-216 16825 SOUTH SETON AVENUE EMMITSBURG, MD. 21727</b></p>	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.
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25. DISPOSITION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	SIGNATURE OF REVIEWER	DATE
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**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.**

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 August 31, 2013

**SECTION I - GENERAL INFORMATION**

1. DATE OF BIRTH (Mo, Day, Yr.)	2. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	3. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	If No, City and Country of Birth:
4a. ETHNICITY 1. <input type="checkbox"/> HISPANIC or LATINO 2. <input type="checkbox"/> NOT HISPANIC or LATINO	4b. 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		
5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)			6. SOCIAL SECURITY NUMBER.
7. MAILING ADDRESS (Street, avenue, road no./city or town, and zip code)		8. WORK PHONE NO. (       )	
		9. HOME PHONE NO. (       )	
		10. FAX NO. (       )	
		11. E-MAIL ADDRESS	
12a. 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? <input type="checkbox"/> NO <input type="checkbox"/> 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		16b. ORGANIZATION	16c. CURRENT STATUS
16a. 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	1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION 4. <input type="checkbox"/> DISASTER RESERVIST
		1. <input type="checkbox"/> ALL CAREER	1. <input type="checkbox"/> PAID FULL TIME
		2. <input type="checkbox"/> ALL VOLUNTEER	2. <input type="checkbox"/> PAID PART TIME
		3. <input type="checkbox"/> COMBINATION	3. <input type="checkbox"/> VOLUNTEER
			4. <input type="checkbox"/> 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
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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, sex, 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
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20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIRED FOR SELF STUDY PROGRAMS)

20a. SIGNATURE AND DATE (State Office)	20a. SIGNATURE AND DATE (FEMA Regional Office)
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21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR

22a. DISPOSITION

ACCEPTED

REJECTED

20b. SIGNATURE OF REVIEWER

22c. DATE

### EQUAL OPPORTUNITY STATEMENT

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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, 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 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 birth dates and whose identities can only be distinguished by the SSN. The SSN is used for record-keeping 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 of your application or course certificate.

### PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 6 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 a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, and Paperwork Reduction Project (1670-0100). **NOTE: Do not send your completed form to the above address.**

**NFA and State Partnership Courses**  
**Use only one form for each class & mail with completed applications for that class to:**

**NETC Admissions Office**  
**Building I, Room 216**  
**16825 South Seton Ave.**  
**Emmitsburg, MD 21727**

**Type of funding used:**

- State Training Grant
- Other Grant
- No Grant funds used

NFA course code/title: \_\_\_\_\_

Dates of course: \_\_\_\_\_

Course length (hours/days): \_\_\_\_\_

Instructors' Names\*: \_\_\_\_\_

Delivery site (city/state): \_\_\_\_\_

Number of students: \_\_\_\_\_

Point of contact/phone #: \_\_\_\_\_

*\*All 6-day offerings of State grant funded courses require **current** NFA bid-list approved instructors.*

**Please indicate below where certificates should be mailed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Admissions Use Only*

Date Rec'd: _____		Due Date: _____	
Entered: _____	Date: _____	Proofed: _____	
Certs Due: _____			
Roster/Certs Printed: _____		Date: _____	
Duplicate Apps/Already Attended:			