



STATE OF NEW JERSEY  
OFFICE OF EMERGENCY MANAGEMENT  
GENERAL ADMISSIONS APPLICATION

<b>SECTION 1 – GENERAL INFORMATION</b>		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. FEMA STUDENT IDENTIFICATION (SID) NUMBER	
4. HOME MAILING ADDRESS (Street, /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		9b. COURSE LOCATION	9c. DATE(s) of COURSE
10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING			
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"/> YES <input type="checkbox"/> NO (If yes, describe & indicate any special assistance required on a separate sheet			
12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED		12b. M-Code(4 digits)	13. CURRENT POSITION
<b>14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION</b>			

14a JURISDICTION			14b ORGANIZATION	14c CURRENT STATU
<input type="checkbox"/> STATEWIDE	<input type="checkbox"/> SPECIAL DIST/Twp	<input type="checkbox"/> FOREIGN	<input type="checkbox"/> ALL CAREER	<input type="checkbox"/> PAID FULL TIME
<input type="checkbox"/> COUNTY GOV	<input type="checkbox"/> FEDERAL/MILITARY	<input type="checkbox"/> DHS/FEMA	<input type="checkbox"/> ALL VOLUNTEER	<input type="checkbox"/> PAID PART TIME
<input type="checkbox"/> CITY/TOWN/VILLAGE	<input type="checkbox"/> INDUSTRY/BUSINESS	<input type="checkbox"/> TRIBAL NATION	<input type="checkbox"/> COMBINATION	<input type="checkbox"/> 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. 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		
<input type="checkbox"/> MANAGEMENT	<input type="checkbox"/> INCIDENT COMMAND	YEARS OF EXPERIENCE		
<input type="checkbox"/> TRAINING/EDUCATION	<input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17d. SIZE OF DEPARTMENT		
<input type="checkbox"/> SCIENTIFIC/ENGINEERING	<input type="checkbox"/> SUPERVISION	17e. BUSINESS TYPE		
<input type="checkbox"/> INVESTIGATION	<input type="checkbox"/> BUDGET/PLANNING	<input type="checkbox"/> GOVERNMENT		
<input type="checkbox"/> FIRE PREVENTION	<input type="checkbox"/> PROG.DEVELOPMENT/DELIVERY	<input type="checkbox"/> EDUCATION		
<input type="checkbox"/> FIRE SUPPRESSION	<input type="checkbox"/> COORDINATION/LIAISON	<input type="checkbox"/> FIRE SERVICE		
<input type="checkbox"/> EMERGENCY PREPAREDNESS	<input type="checkbox"/> PUBLIC EDUCATION	<input type="checkbox"/> LAW ENFORCEMENT		
<input type="checkbox"/> HEALTH	<input type="checkbox"/> CODE DEVELOPMENT	<input type="checkbox"/> VOLUNTEER AGENCY		
<input type="checkbox"/> PUBLIC WORKS	<input type="checkbox"/> CODE ENFORCE/INSPECTION	<input type="checkbox"/> HEALTH CARE		
<input type="checkbox"/> DISASTER RESPONSE/RECOVERY	<input type="checkbox"/> SUPPORT SERVICES	<input type="checkbox"/> EMERGENCY MANAGEMENT		
<input type="checkbox"/> EMERGENCY MEDICAL SERVICE	<input type="checkbox"/> RESEARCH AND DEVELOPMENT	<input type="checkbox"/> PUBLIC WORKS		



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**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 State of NJ is 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 state of NJ and NJSP-OEM. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future courses.

**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, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.

SIGNATURE OF APPLICANT	DATE
22a. SIGNATURE OF AGENCY HEAD OR SUPERVISOR	22b. PRINTED NAME AND TITLE

**23:CEU Credit**

23a. NJ DFS ID #	23b. NJ OEMS ID#	23c. Other ID# (if Applicable)
24a FOR STATE OF NEW JERSEY DELIVERY COURSES ONLY STATE OF NEW JERSEY NJSP HQS. 1 RIVER ROAD P.O. BOX 7068 WEST TRENTON, NJ. 08628 Email address <a href="mailto:LPPREIDL@gw.njsp.org">LPPREIDL@gw.njsp.org</a> 609-963-6206 609-963-6962 Main		24b Course Location (FOUO)

25. DISPOSITION <input type="checkbox"/> Accepted <input type="checkbox"/> Declined	SIGNATURE OF REVIEWER	DATE
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**EQUAL OPPORTUNITY STATEMENT**

The state of NJ and NJSP is an Equal Opportunity institution. We do not discriminate on the basis of age, gender, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Every effort to ensure equitable representation of minorities.

**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 training courses.  
**AUTHORITY** - 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 training courses. Information such as age, gender, and experience are used for statistical purposes only.  
**USES** - Information may be released to: 1) NJSP 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; 4) sponsoring States, local officials, or State agencies to update/evaluate statistics of participants.  
**EFFECTS OF NONDISCLOSURE** - Personal information is provided on a voluntary 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.

**HAND WRITTEN APPLICATIONS WILL BE REJECTED WITH NO ACTION TAKEN**