Delaware State Fire School

is sponsoring the

National Fire Academy Course

Leadership II - Strategies for Personal Success (H804)

March 17-18, 2018

Location: Kent County DSFS

Registration Deadline: March 2, 2018

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Designed to meet the needs of the Fire/EMS Officer, this course of Leadership provides the participant with basic skills and tools needed to perform effectively as a leader in the fire service environment. This course addresses ethics, use and abuse of power at the Fire/EMS Officer level, creativity in the fire service environment, and managing the multiple roles of the Fire/EMS Officer.

Designed for: All Fire/EMS Personnel

Please complete both, the Delaware State Fire School Registration Form and the National Fire Academy Registration Form and send BOTH to the Delaware State Fire School, 1461 Chestnut Grove Road, Dover DE 19904, Fax # (302) 739-4773 or email: fire.school@state.de.us

Students applying for NFA training courses are required to register for a Student Identification Number (SID). This number will be used in place of the Social Security Number on General Admissions Application forms.

How to Register for a Student Identification Number

The Federal Emergency Management Agency (FEMA) is in the process of eliminating the use of the Social Security Number (SSN) when applying for FEMA training.

National Fire Academy students interested in applying for FY 2013 on-campus (10-/6-/2-day) and off-campus (10- and 6-day) courses will need to register for an interim Student Identification Number (SID) that will be used in place of the SSN. This number can be obtained through the Center for Domestic Preparedness (CDP) Training Administration System (CTAS).

Applications for FY 2013 NFA courses that do not include a SID will not be processed.

To obtain a SID

Register with CTAS at https://cdp.dhs.gov/elms

Click on the "Create Account" button on the left side of the screen.

Follow the instructions to create your account.

You will be asked to provide your SSN to register in CTAS but this will be phased out with the new FEMA training registration system, expected to be available towards the end of Summer 2012.

Use the SID in place of the SSN on the General Admissions Application Form (FEMA Form 119-25-1) and General Admissions Application Short Form (FEMA Form 119-25-2).

Additional Information

Students applying for 2-day off-campus and NFA Online courses are not required to obtain a SID at this time.

Obtaining a SID is an interim step until the new FEMA training registration system is operational.

Anyone registered in CTAS will not need to register again.

The SID will serve as your FEMA Training Identification Number (FTIN) in the new registration system.

General Admissions Application forms are being revised to eliminate the need for the SSN and include a field for the SID/FTIN.

All information about courses, application and suggestions for successful completion of the application can be found at the following sites:

Course Catalog and schedule: www.usfa.dhs.gov/nfa/catalog/index.shtm

Download Application:
FEMA Form 119-25-1, General Admission Application (formerly FEMA Form 75-5) (PDF,629 Kb) Use this application if your course code begins with the following letters: R, N, O, P or T.

Tips to completing your application:
Eight Tips for Completing a Successful NFA Application (PDF, 332 HKb)

Delaware State Fire School - *Registration Form*

COMPLETE FORM, PRINT AND OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO THE DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.

National Fire Academy Class

Class information:
Course Name: NFA - Leadership II
Location: DSFS Kent Division
Dates: March 17 & 18, 2018

REGISTRATION DEADLINE: March 2, 2018

You MUST complete the NFA Application with your NFA SID Number and submit with this Registration Form.

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904

Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov
Email: Fire.School@state.de.us
Rev. 11/10/15

Attendee Information

Last Name: Jr./Sr.	
First Name, Middle	
Address:	
City, State, Zip	
Last 4 Digits SSN:	
Date of Birth:	
Contact Phone:	
E-Mail:	
Date Joined Fire Service:	
Sponsoring Organization:	

Sex: ◯ Male ◯ Female

Ethnic Origin: (Optional)

Payment Information

Tuition: $0.00

◯ Check payable to Delaware State Fire School

◯ Invoice (DE Fire Companies Only)

◯ Credit Card Select Type:

Card Number:	
Expiration Date:	
Cardholder Name:	
CVV (On back of card):	

CANCELLATION POLICY: Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed fee or payment or class tuition.

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE _____ Date _____

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization _____ Print Name _____ Date _____

Sponsoring Organization _____ Title _____ Contact Phone Number _____

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 November 30, 2016

SECTION I - GENERAL INFORMATION

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

2. GENDER ☐ FEMALE ☐ MALE

3. U.S. CITIZEN ☐ YES ☐ NO ☐ PERMANENT RESIDENT

If No, City and Country of Birth:

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

4a. ETHNICITY
☐ HISPANIC or LATINO
☐ NOT HISPANIC or LATINO

5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)

6. STUDENT IDENTIFICATION (SID) NUMBER

7. HOME MAILING ADDRESS (Street, avenue, road no., P.O. box/city or town, and zip code)

8. Work Phone Number:

9. Home Phone Number:

10. FAX Number:

11. E-MAIL ADDRESS

12a. ENTER 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?
☐ NO ☐ 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

16a. JURISDICTION
1. ☐ STATEWIDE
2. ☐ COUNTY GOVERNMENT
3. ☐ CITY/TOWN/VILLAGE
4. ☐ SPECIAL DISTRICT/TOWNSHIP
5. ☐ FEDERAL/MILITARY (non-DHS)
6. ☐ INDUSTRY/BUSINESS
7. ☐ FOREIGN
8. ☐ DHS/FEMA
9. ☐ TRIBAL NATION

16b. ORGANIZATION
1. ☐ ALL CAREER
2. ☐ ALL VOLUNTEER
3. ☐ COMBINATION

16c. CURRENT STATUS
1. ☐ PAID FULL TIME
2. ☐ PAID PART TIME
3. ☐ VOLUNTEER
4. ☐ 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

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, gender, 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

20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE *(NOT REQUIRED FOR SELF STUDY PROGRAMS)*

20a. SIGNATURE AND DATE (State Office)

20b. SIGNATURE AND DATE (FEMA Regional Office)

21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR

22a. DISPOSITION	22b. SIGNATURE OF REVIEWER	22c. DATE
☐ ACCEPTED ☐ REJECTED		

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, gender, 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 Or EMI.

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, gender, 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 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.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 6 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. 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, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) NOTE: Do not send your completed form to this address.