

Off-Campus 2-day Courses Online Application Process:

The National Fire Academy have transitioned to an online admissions system. The online admissions application can be found:

<https://training.fema.gov/generaladmissionsapplication/staticforms/startapplication.aspx>

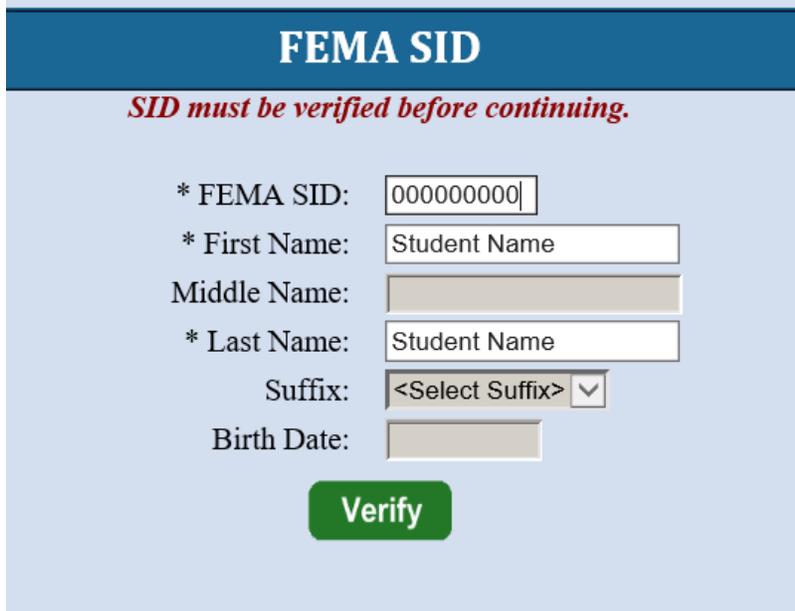
If a student has an issue or a question regarding the online admissions system or the process, please contact:

NETC Admissions Department
(301) 447-1035
NETCAdmissions@fema.dhs.gov

The online application will open the day the class begins and be open seven days after the class is complete. A failure to turn in an application will result in not receiving credit for the course.

Tutorial:

The student must input their FEMA Student ID and first/last name. If you do not already have a FEMA Student ID (SID), go to <https://cdp.dhs.gov/FEMA SID> to register for one. The FEMA SID is ten digits. The student must click “Verify” after entering their FEMA SID and first and last names. The system will return the middle name, suffix, and date of birth from the SID system.



The screenshot shows a web form titled "FEMA SID" with a blue header. Below the header, a red italicized message reads "SID must be verified before continuing." The form contains several input fields: a text box for "FEMA SID" with the value "000000000", a text box for "First Name" with the value "Student Name", a text box for "Middle Name" which is empty, a text box for "Last Name" with the value "Student Name", a dropdown menu for "Suffix" with the value "<Select Suffix>", and a text box for "Birth Date" which is empty. A green "Verify" button is located at the bottom of the form.

To continue the student must see “Verified!” after clicking Verify. Select next to continue.

FEMA SID

Verified!

Complete the fields on the Demographic Information screen. Starred fields are required. Select next to continue.

Demographic Information

* Home Address 1:	<input type="text" value="Home Address"/>	* Work Phone:	<input type="text" value="(555) 555-5555"/>
Home Address 2:	<input type="text"/>	* Personal Phone:	<input type="text" value="(555) 555-5555"/>
* Home City:	<input type="text" value="City"/>	Fax:	<input type="text" value="() -"/>
* Home Country:	<input type="text" value="UNITED STATES"/> ▼	* Email Address:	<input type="text" value="Email Address"/>
* State:	<input type="text" value="<Select State>"/> ▼	* Confirm Email Address:	<input type="text" value="Email Address"/> x
* Home Zip:	<input type="text" value="Zip Code"/>		
US Citizen:	<input type="text" value="Yes"/> ▼		

The Course/Offer Information screen requires the student to select a class. To do this the student must select the drop-down arrow and scroll to the "F Course Codes" for 2-day off-campus classes. Select apply. Select next after.

Course/Offer Information

* Please select a course: [?](#)

<Select a Course>

Apply

Courses For This Application:

	Code	
No Courses Added		

The Course/Offer Information (continued) screen allows the student to select the Fiscal Year (October 1st to September 30th) and the Semester (Semester 1 = October through March. Semester 2 = April through September). For a 2-day off-campus class the student does not have to input their activities/responsibilities related to their course. This is reserved for 6 and 10-day courses. The student must select "Yes" or "No" from the drop down for the Disability and Special Assistance section (if "yes" is selected the student will have to expand on disability and how it will relate to their learning). Once completed select save then next.

Course/Offer Information

* Please select a course: 

Your course will not be added until you select the save button below.

Offer Information

* Fiscal Year:  * Semester (4/1 - 9/30):  *Semester 1 = October through March. Semester 2 = April through September.*

Offer Choice 1: 

Offer Choice 2: 

Offer Choice 3: 

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. Please refer to the course catalog for more information:

2500 character(s) remaining

* Do you have any disabilities (*special allergies, medical, learning disabilities to include dyscalculia, dysgraphia, dyslexia, etc.*) which would require special assistance during your attendance in training?

Once on the Organizational Information section the student must fill in all information requested.

Organizational Information

* Organization Country:

Country:

* Organization State:

* Organization Zip:

* Organization Name:

* Current Position:

* Years in Position:

* Years of Experience:

* Department Size:

Once on the Organizational Information section the student must click in all information requested. Once completed the student should select next.

Please select one option from each of the following sections as it relates to the course for which you are applying:

* Jurisdiction	* Organization Type	* Current Status	* Primary Responsibility	* Experience Type	* Business Type
<input type="radio"/> City/Town/Village <input type="radio"/> County Government <input checked="" type="radio"/> DHS/FEMA <input type="radio"/> Federal/Military (non-DHS) <input type="radio"/> Foreign <input type="radio"/> Industry/Business <input type="radio"/> Special District/Township <input type="radio"/> Statewide <input type="radio"/> Tribal Nation	<input checked="" type="radio"/> All Career <input type="radio"/> All Volunteer <input type="radio"/> Combination	<input type="radio"/> Disaster Reservist <input checked="" type="radio"/> Paid Full Time <input type="radio"/> Paid Part Time <input type="radio"/> Volunteer	<input type="radio"/> Dis. Response/Recovery <input type="radio"/> Emergency Medical Service <input type="radio"/> Emergency Preparedness <input type="radio"/> Fire Prevention <input type="radio"/> Fire Suppression <input type="radio"/> Hazard Mitigation <input type="radio"/> Health <input type="radio"/> Investigation <input type="radio"/> Management <input type="radio"/> Other <input type="radio"/> Program/Activity <input type="radio"/> Public Works <input type="radio"/> Scientific/Engineering <input checked="" type="radio"/> Training/Education	<input type="radio"/> Administration/Staff Support <input type="radio"/> Arson <input type="radio"/> Budgeting/Planning <input type="radio"/> Code Development <input type="radio"/> Code Enforcement/Inspection <input checked="" type="radio"/> Coordination/Liaison <input type="radio"/> Design and Planning <input type="radio"/> Incident Command <input type="radio"/> Law Enforcement <input type="radio"/> Other <input type="radio"/> Program Development/Delivery <input type="radio"/> Public Education <input type="radio"/> Research and Development <input type="radio"/> Supervision <input type="radio"/> Support Services	<input type="radio"/> Education <input type="radio"/> Emergency Management <input type="radio"/> Fire Service <input checked="" type="radio"/> Government <input type="radio"/> Health Care <input type="radio"/> Law Enforcement <input type="radio"/> Public Works <input type="radio"/> Volunteer Agency

The next screen is labeled Other Information. This section is optional. These fields are used for statistical purposes only. Once completed select next.

These fields are used to determine if applicants for resident and regional delivery classes are qualified. Some of the responses help determine if the applicant is qualified for a stipend if one is being offered for the class.

Other Information

The following fields are used for statistical purposes only.

Gender: Race: Ethnicity:

For a 2-day off-campus class the student does not have to input an attachment related to their course. This is reserved for 6 and 10-day courses. Select next.

Attachments

Course Related Attachments

PDF File to upload: [?](#) Description:

100 character(s) remaining

Name	Description
No Files Attached	

The Head of Organizational Information is when the student inputs the State Coordinator's/POC's information. The State Coordinator's/POC's information **must be** input to be placed into class. Once the student clicks submit the State Coordinator/POC has 14 days to respond to the request or it will be automatically rejected. To find the state coordinator find your course and select your specific offering from:

<https://apps.usfa.fema.gov/nfacourses/catalog/search?courseDeliveries=2&&forget=true>

Head of Organization Information

* Head of Organization Name:

* Head of Organization Title:

* Head of Organization Email:

* Confirm Head of Organization Email: x

This is the final screen showing the student that they successfully applied for their selected course.

Congratulations! You have successfully submitted your application(s) for the following courses:

Code	Title	Endorsement Needed?

The courses noted above require endorsement from the head of your sponsoring organization. These applications will be forwarded to the appropriate parties for endorsement. If endorsed your application will then be forwarded to the National Emergency Training Center for further review and you will receive notice. You will receive email confirmation of your submissions shortly.