Fire Service Course Design

(R114) March 5-16, 2007
March 26-April 6, 2007
Powerful training through effective design

Please join us for the USFA class
FIRE SERVICE COURSE DESIGN

(R114) Course Dates: March 5-16, 2007
March 26-April 6, 2007

FIRE SERVICE COURSE DESIGN teaches fire/rescue personnel and allied professionals how to design courses to be used by other instructors. Students identify a training need within their organization as a pre-course assignment. During the class, they apply course principles to create the design of a training program meeting this need or the identified (from the pre-course assignment) training need for their jurisdiction or organization.

In designing their own training program, students conduct a needs assessment, develop a task analysis, establish goals and objectives, design an evaluation plan, determine instructional methods and activities to be used, and plan for media and instructional materials. To complete this course successfully, the final design of the student’s training package must be submitted for evaluation within 6 months following attendance at the Academy. Non-compliance with this requirement, or a project that receives a failing grade, will result in failure of the course. Refer to the section on “Student Failure” in the beginning of the NFA Course Catalog for an explanation of the consequences.

Student Selection Criteria: Personnel with course design and development responsibilities.

Prerequisites: Successful completion of a basic instructor training program from a local, State, or national organization. Such programs may include Instructor I State certification programs, NFA’s former Fire Service Instructional Methodology, a local college or university “methods of teaching” course, or other instructor programs that require the delivery of a lesson plan. This instructor-training program must be noted on the application form in Block #10.

ACE Recommendation: In the graduate or upper division baccalaureate degree category, 3 semester hours in Education, Public Safety Programs, or Fire Science.

Gerry N. Bassett  tel. 301-447-1094
United States Fire Administration
email: gerry.bassett@dhs.gov

APPLICATION PROCEDURES

Each course has specific application requirements. NFA course descriptions can be obtained from the USFA Web site at www.usfa.fema.gov/training/nfa/

[CLICK HERE]
NFA course descriptions

Students must complete FEMA General Admissions application (Form 75-5), found on pages 3-4 of this document. Please print the form, and fill in the requested information. Form 75-5 is also available in the USFA Catalog or on the web at www.usfa.fema.gov/training/nfa/about/attend/nfa-abt1c.shtml

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

Application Period
May 1-June 30, 2006

Please Note: The first semester of Fiscal Year 2007 runs from October 1, 2006 to March 31, 2007. Applications for this semester must be postmarked between May 1 and June 30, 2006. Applications received before May 1 or after June 30, 2006 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)
### 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 NO. ________________________________

4. MAILING 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 ITEM BELOW REGARDING THE PRE-REQUISITES 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 AT NTEC or MWEOC? [ ] YES [ ] NO  
   (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

   1. [ ] STATEWIDE  
   4. [ ] SPECIAL DISTRICT/TOWNSHIP/TRIBAL NATION  
   7. [ ] FOREIGN

   2. [ ] COUNTY GOVERNMENT  
   5. [ ] FEDERAL/MILITARY (non-DHS)  
   8. [ ] DIS/EMA

   3. [ ] CITY/TOWN/VILLAGE  
   6. [ ] INDUSTRY/BUSINESS  
   9. [ ] NDR/EMA

15. CURRENT STATUS

   1. [ ] PAID FULL TIME

   2. [ ] PAID PART TIME

   3. [ ] VOLUNTEER

   4. [ ] 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, 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. [ ] MANAGEMENT

2. [ ] TRAINING/EDUCATION

3. [ ] SCIENTIFIC/ENGINEERING

4. [ ] INVESTIGATION

5. [ ] FIRE PREVENTION

6. [ ] FIRE SUPPRESSION

7. [ ] PROGRAM/ACTIVITY

8. [ ] HEALTH

9. [ ] PUBLIC WORKS

10. [ ] DISASTER RESPONSE/RECOVERY

11. [ ] EMERGENCY MEDICAL SERVICES

12. [ ] HAZARD MITIGATION

13. [ ] EMERGENCY PREPAREDNESS

14. [ ] OTHER (Specify) ________________________________

#### 17b. TYPE OF EXPERIENCE

1. [ ] INCIDENT COMMAND

2. [ ] ADMINISTRATION/STAFF SUPPORT

3. [ ] SUPERVISION

4. [ ] BUDGET/PLANNING

5. [ ] PROGRAM DEVELOPMENT/DELIVERY

6. [ ] COORDINATION/LIAISON

7. [ ] PUBLIC EDUCATION

8. [ ] CODE DEVELOPMENT

9. [ ] CODE ENFORCEMENT/INSPECTION

10. [ ] SUPPORT SERVICES

11. [ ] RESEARCH AND DEVELOPMENT

12. [ ] ARSON

13. [ ] LAW ENFORCEMENT

14. [ ] DESIGN AND PLANNING

15. [ ] OTHER (Specify) ________________________________

17d. SIZE OF DEPARTMENT ________________________________

18. DATE OF BIRTH (Mo. Day, Yr.) ________________________________

19. SEX

   [ ] Male  

   [ ] Female

20a. ETHNICITY

1. [ ] HISPANIC or LATINO

2. [ ] 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

FEMA Form 75-5, FEB 04

REPLACES ALL PREVIOUS EDITIONS
### SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Fabrication 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 officer or designee.

21c. Further, I understand that, National Emergency Training Center (NETC), the M.W. Emergency Operations Center (MEOC), and the Noble Training Center (NTC) 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, MEOC and NTC. 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.

<table>
<thead>
<tr>
<th>SIGNATURE OF APPLICANT</th>
<th>DATE</th>
</tr>
</thead>
</table>

### 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."

<table>
<thead>
<tr>
<th>22a. SIGNATURE</th>
<th>22b. PRINTED NAME AND TITLE</th>
</tr>
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</table>

### 23. Additional endorsements for application to the Emergency Management Institute:

<table>
<thead>
<tr>
<th>23a. SIGNATURE AND DATE (State Office)</th>
<th>23b. SIGNATURE AND DATE (FEMA Regional Office)</th>
</tr>
</thead>
</table>

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

NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS, BLDG. 1216
16852 SOUTH SETON AVENUE
EMMITSBURG, MD. 21727

24b. FOR EMI COURSES DELIVERED AT NETC, MEOC, OR NTC 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

<table>
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<tr>
<th>ACCEPTED</th>
<th>REJECTED</th>
<th>SIGNATURE OF REVIEWER</th>
<th>DATE</th>
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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 or EMI.


**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 Boards 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 birthdates 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 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 and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Federal Emergency Management Agency 500 C Street, SW, Washington, DC 20572. **NOTE**: Do not send your completed form to this address. Please return it to the appropriate address shown in block 24.