



Application Instructions

The following instructions are provided to assist you in completing the application form. All of the information required on the form is required by DHS and is subject to our privacy policy. To view our privacy policy, please refer to the following site: <http://www.emrtc.nmt.edu/privacy.php>.

*** Note: Your DHS appointed state point of contact must sign the application or email approval for your attendance at this training.**

Personal Information

- Last Name, First Name, Middle Initial
- FEMA Student Identification Number - A FEMA SID # is required to register for and participate in any training provided by FEMA. To obtain a FEMA SID # or for more information, please go to <https://cdp.dhs.gov/femasid/>.
- Date of Birth – Example: 04/29/1970
- Email Address – Please provide a clearly legible email address. This is the most effective means of communication.
- Cell Phone Number – Example: (555) 555-5555
- Home Phone Number – Example: (555) 555-5555
- Home Address – Street, city, state, and zip code

Agency Information

- Name of Department/Agency – Name of the department/agency that employs you
- Position/Title – Your official position or title
- Office Phone – Ensure that a valid office phone number is provided, including any extensions
- Department Address – Street, city, state, and zip code

Citizenship Information

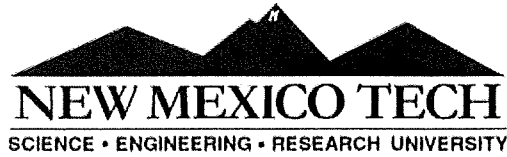
- This training is designed for U.S. citizens only.

Preferred Dates of Attendance

- Provide three dates in order of preference. You may find a schedule of available classes at the following site: <http://www.emrtc.nmt.edu/training/trainingschedule.php>.

Authorizations and Signatures

- State Point of Contact – Your DHS state point of contact must approve this training. To find out who your SPOC is, please go to <http://www.emrtc.nmt.edu/training/statepoc.php>.
- Department Head – Your department head or his/her designee must approve this training.
- Applicant – Your signature certifies that you are a U.S. citizen and that you are eligible to attend this training.



Official Application: Prevention of and Response to Suicide Bombing Incidents

Personal Information

Last Name: _____

First Name: _____ MI: _____

FEMA Student ID Number: _____ Date of Birth (mm/dd/yyyy): ____/____/____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Home Address: _____

Home City: _____ Home State: _____ Zip Code: _____

Agency Information

Agency Name: _____

Job Title: _____ Work Phone: _____

Work Address: _____

Work City: _____ Work State: _____ Zip Code: _____

Citizenship Information

* This training is designed for United States Citizens only. I certify that I am a citizen of _____

Preferred Dates of Attendance

First Choice: ____/____/____
mm dd yyyy

Second Choice: ____/____/____
mm dd yyyy

Third Choice: ____/____/____
mm dd yyyy

Approvals and Signatures

State Point of Contact Name

State Point of Contact Signature

Department Head Name

Department Head Signature

Applicant Name

Applicant Signature