

Go to:

https://training.fema.gov/netc_online_admissions

Or search for:

netc online admissions

**Or point your phone's
'Camera' app at this
QR code →.**





FEMA | NETC Online Admissions Application

National Emergency Training Center Online Admissions Application

Welcome to the NETC Online Admissions Application. Students applying for NETC training for the Emergency Management Institute (EMI) and the National Fire Academy (NFA) should submit applications for courses via the link below. Over time NETC will be discontinuing the practice of students submitting paper applications (FEMA Form 119-25-1).

Apply for EMI and NFA Training below at:

[NETC Online Admissions Application](#)

Click
this



Welcome to the National Fire Academy (NFA) and Emergency Management Institute (EMI) online application system. As a part of the application process, you will be asked to provide information about you, the organization you are representing, the course or courses you are applying for, and the names and email addresses of the individuals who would need to approve or endorse your application. If you have questions or need further information, you can contact the NETC Admissions Office at 301-447-1035 or netcadmissions@fema.dhs.gov.

LEGAL NOTICE

You are accessing a U.S. Government information system, which includes (1) this computer or device used to enable access to the government network, (2) this government network, (3) all computers or devices, virtual or otherwise, connected to this government network, and (4) all devices and storage media attached to this government network or to a computer or device on this government network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use or access of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy when you use this information system. This includes any communications or data transiting, stored on, originated from, or directed to this information system.
- At any time, and for any lawful government purpose, the government may monitor, intercept, search and seize any communication or data transiting, stored on, originated from, or directed to or from this information system.
- The government may disclose or use any communications or data transiting, stored on, originated from, or directed to or from this information system for any lawful government purpose.
- You are NOT authorized to process classified information on this information system.

**Click
this**

Continue

Do you have a FEMA Student Identification (SID) Number?

To register, go to the [FEMA Student Identification System](#). Select "Register for a FEMA SID" in the middle of the screen. Follow the instructions and provide the necessary information to create your account. If you are a user with a Personal Identity Verification (PIV) card, enter your FEMA SID and select your certificate and enter your pin.

Forgot your FEMA SID?

If you already have a FEMA SID but forgot it, go to the [FEMA Student Identification System](#) and select the option: "Forgot Your FEMA SID". You will be asked to provide certain information. Your FEMA SID will be emailed to you along with a separate message that will ask you to reset your password.

If you need assistance, please call 866-291-0696 (7:30 a.m - 4:30 p.m. CST) or email femasidhelp@cdpemail.dhs.gov after hours.

Keep your FEMA SID in a secure location so that you can retrieve it when needed to apply for FEMA training in the future.

**Click
this**

Continue

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.

Paperwork Burden Disclosure Notice

The reporting burden for this data collection is estimated to average 9 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Reduction Project (1660-0100), Federal Emergency Management Agency, 1200 New York Avenue, NE, Washington, DC 20543-0001.

1) Click this
first.

☐ I acknowledge that I have reviewed and agree to the above statements and disclosures.

2) Then click
this.

Continue

FEMA SID

SID must be verified before continuing.

* FEMA SID:

0000000000|

* First Name:

Student Name

Middle Name:

* Last Name:

Student Name

Suffix:

<Select Suffix> ▼

Birth Date:

Verify

Complete boxes
with an "*" ...
Then click this

* = required field

FEMA SID

Verification code must be entered before continuing.

* FEMA SID:
* First Name:
Middle Name:
* Last Name:
Suffix:
Birth Date:

Verify

NOTE: You will need to click in the "submit verification code" bar below to receive a verification code. If the email listed is incorrect you must visit <https://cdp.dhs.gov/fema> to update it. If you do not receive an email, please check your junk/spam folder.

Submit Verification Code To: a*****e@m**.wa.gov

Verification Code:

Next

Click this box for 2FA
then enter in the
verification code

Demographic Information

* Home Address 1:	Home Address	* Work Phone:	(555) 555-555_
Home Address 2:		* Personal Phone:	(555) 555-5555
* Home City:	City	* CellPhone:	(555) 555-5555
* Home Country:	UNITED STATES	* Email Address:	Email Address
* State:	<Select State>	* Confirm Email Address:	Email Address
* Home Zip:	Zip Code		
US Citizen:	Yes		

Complete boxes
with an "*" ...
Then click this

Previous

Next

Course/Offer Information

Invitation Code:

HPU72



1) Enter the
'**Invitation Code**'...
Then click this

Apply

Clear

* Please select a course: 

<Select a Course>

L0273



2) Then select
the Course.

Apply

3) Then
click this

Course/Offer Information

Invitation Code: 23198

* Please select a course: ?

L0962 - NIMS ICS All-Hazards Planning Section Chief

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

Information

* Offer Start Date: <Select Offer Date> ?

* Offer Location: <Select Location> ?

* Offer Title: <Select Title>

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:

(Put something in here.)

2500 character(s) remaining

* Do you have any disabilities/special accommodations (allergies, medical, learning disabilities to include dyscalculia, dysgraphia, dyslexia, etc.) which would require assistance during your attendance in training? No

Save

Cancel

3) Click this

4) Click this

Previous

Next

1) Select the correct date

2) Respond to this

Organizational Information

* Organization Country: UNITED STATES

* Organization State: <Select State>

* Organization Zip: ZIP Code

* Organization Name: Organization

* Current Position: Position

* Years in Position:

* Years of Experience:

* Department Size:

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

* Jurisdiction

- ☒ City/Town/Village
- ☐ County Government
- ☐ DHS/FEMA
- ☐ Federal/Military (non-DHS)
- ☐ Foreign
- ☐ Industry/Business
- ☐ Special District/Township
- ☐ Statewide
- ☐ Tribal Nation

* Organization Type

- ☐ All Career
- ☐ All Volunteer
- ☒ Combination

* Current Status

- ☐ Disaster Reservist
- ☒ Paid Full Time
- ☐ Paid Part Time
- ☐ Volunteer

* Primary Responsibility

- ☐ Dis. Response/Recovery
- ☐ Emergency Medical Service
- ☒ Emergency Preparedness
- ☐ Fire Prevention
- ☐ Fire Suppression
- ☐ Hazard Mitigation
- ☐ Health
- ☐ Investigation
- ☐ Management
- ☐ Other
- ☐ Program/Activity
- ☐ Public Works
- ☐ Scientific/Emergency
- ☐ Training/Education

* Experience Type

- ☐ Administration/Staff Support
- ☐ Arson
- ☐ Budgeting/Planning
- ☐ Code Development
- ☐ Code Enforcement/Inspection
- ☐ Coordination/Liaison
- ☐ Design and Planning
- ☐ Incident Command
- ☐ Law Enforcement
- ☐ Other

* Business Type

- ☐ Education
- ☒ Emergency Management
- ☐ Fire Service
- ☐ Government
- ☐ Health Care
- ☐ Law Enforcement
- ☐ Public Works
- ☐ Volunteer Agency

Complete boxes
with an "*" ...
Then click this

Previous

Next

Other Information

The following fields are used for statistical purposes only.

Gender:

No Response ▼

Race:

No Response ▼

Ethnicity:

No Response ▼

Previous

OPTIONAL:
Complete the boxes
Then click this

Next

Attachments

Course Related Attachments

PDF File to upload: ?

Choose File

No file chosen

Description:

Attach

100 character(s) remaining

Attached Files:

Name	Description	
------	-------------	--

No Files Attached

Previous

Add any
prerequisite
certificates i.e.IS-29

Continue

Student Acknowledgement

- a. 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 USC 1001).
- b. 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.
- c. Further, I understand that the National Emergency Training Center (NETC) and the Center for Domestic Preparedness (CDP) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- d. I agree to abide by the rules, policies, and regulations of NETC and CDP. 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.

1) Click this

☐ I have read and agree to the student acknowledgement statement above.

2) Then click this

Continue

Head of Organization Information

* Head of Organization Name:

MAUREEN O'SHEA

* Head of Organization Title:

State Floodplain Specialist

* Head of Organization Email:

maureen.oshea@idwr.idaho.gov

* Confirm Head of Organization
Email:

maureen.oshea@idwr.idaho.gov

Complete boxes
with an "*" ...
Then click this

Submit