

# APPLICATION FOR THE PLANNING PRACTITIONER PROGRAM

## PRIVACY ACT INFORMATION

The information contained on this page is subject to the Privacy Act of 1974.

### TAB 1 – CANDIDATE INFORMATION

**Instructions:** Before completing the application, save the file to your PC using the file save of “Other Reduced Size PDF.” Once saved, complete the entire application (Tabs 1–5) using font/size of **Arial/10**. After completing the application, return the file to [FEMA-EMI-IEMB@fema.dhs.gov](mailto:FEMA-EMI-IEMB@fema.dhs.gov) using the following file name: **LastnameFirstname.PPP.FY26**

#### Candidate’s Information

First and Last Name:		Position/Title:	
Organization Type (Select One):	Other Organization Type:		
Organization:			
Location (City & State):			
Discipline (Select One):	Other Discipline:		
Email Address:		Phone #:	
Check if previously applied to PPP <input type="checkbox"/>			
Check if graduate of NEMBA 2018 or later <input type="checkbox"/>			
Check if graduate of MEPP <input type="checkbox"/>			
Previously Completed Programs (Select all that apply): <input type="checkbox"/> MEP <input type="checkbox"/> MPIO <input type="checkbox"/> Master Trainer <input type="checkbox"/> Other			

#### Cover Letter

## TAB 2 – RESUME

Name: \_\_\_\_\_

*Use only the space provided to provide your most important and relevant experience, associations, education, training, and anything else you believe should be considered. Do not add attachments.*

### Emergency Management Planning Experience

(Employed or Directly Connected (ex. volunteer) with Emergency Management (EM). Examples: Federal, State, Tribal, Local, Consortium EM Agencies, Public Health, Higher Education, School Systems, NGO, or Private Sector Business Continuity/EM). **PROVIDE SPECIFIC EXAMPLES LIKE: Feb 2007–Mar 2009; 2 yrs; Director, Florida EMA.**

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### Role in agency/jurisdiction planning program

List the deliberate planning roles you have held inf your agency/jurisdiction planning program. Specify your contributions.

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### Other important planning-related information you wish for the panel to know

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## TAB 3 – COMMITMENT STATEMENT

*The Planning Practitioner Program (PPP) includes two 5-day resident courses (E0237 and E0238). Between these courses, you will identify a capstone project, and within 2 years of completing E0238, you will conduct a Capstone delivery. Upon completion of your Capstone, you will present it on a designated date (K0243), which will be held virtually.*

*By signing the last tab of this package, I commit to attending both resident courses. I understand that if I am unable to complete the program within 2 years of acceptance to PPP, for any reason, I will need to restart the program.*

*By signing the last tab of this package, I affirm my active contribution to my agency's/organization's planning program and my intention to continue serving as a planning professional.*

**The class schedule, which includes the following courses, can be found on the [NDEMU | Planning Practitioner Program](#) website.**

- E0237: Planning Process Theory and Application
- E0238: Planning Integration and Contemporary Issues
- K0243: Planning Practitioner Capstone

I,

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(name)

understand and agree to the requirements of completing all activities of the  
**Planning Practitioner Program.**

Additional Instructions:

- *You and your supervisor will endorse this Commitment Statement at Tab 5.*
- *Please do not add a signature field to this tab.*
- *To sign Tab 5, click once in the signature field, then either select your ID or create a new one by clicking "Configure a new Digital ID" then "Create a New Digital ID".*

## TAB 4 – QUESTIONNAIRE

Name: \_\_\_\_\_

Your answers will be reviewed by the selection committee to determine the most qualified candidates.

\*\*\*Use only the space provided for each question. Do not add attachments.\*\*\*

1. What led you to apply to the Planning Practitioner Program (PPP), and how does completing the PPP align with your professional goals?

(Max 2000 characters; about 350 words)

2. Provide an example of a challenge you faced in your planning program. How did you address it? Describe specific actions you took to resolve the challenge.

(Max 2000 characters; about 350 words)

## TAB 5 – ENDORSEMENT AND SIGNATURES

Supervisor: The selection panel finds recommendations helpful in choosing from among highly qualified candidates. Please use the space provided to help us get a better understanding of this candidate.

### Recommendation Letter

### Signatures

My signature below acknowledges that I am applying to the Planning Practitioner Program and that I am committed to completing the program requirements as defined in the commitment statement. I understand that my attendance is subject to selection by the approving authority. I agree to submit to inquiries for additional information, and I understand that any false statement or misrepresentation made in the course of these proceedings may result in the revocation of this application. I give permission for verification of information contained herein.

Candidate's Signature:

My signature below acknowledges that I fully support and endorse this candidate's application to the Planning Practitioner Program. I understand the attendance requirements and agree to release the candidate from work to attend and fully participate as defined in the commitment statement.

Supervisor's Signature: