

# APPLICATION FOR THE NATIONAL EMERGENCY MANAGEMENT ADVANCED ACADEMY

## 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-empp-advanced-academy@fema.dhs.gov](mailto:fema-empp-advanced-academy@fema.dhs.gov) using the following file name: **LastnameFirstname.AA.FY25**

#### 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 #:   |
| EM Credentials (Select all that apply):<br><input type="checkbox"/> AEM <input type="checkbox"/> CEM <input type="checkbox"/> PMP <input type="checkbox"/> CFM <input type="checkbox"/> PEBC <input type="checkbox"/> Other |                          | Check if applied to NEMAA before <input type="checkbox"/><br>Check if graduate of NEMBA <input type="checkbox"/> |
| Other EM Credentials:   |                          |  |
| Programs Leading to Credentials (Select all that apply): <input type="checkbox"/> MEP <input type="checkbox"/> MPIO <input type="checkbox"/> Master Trainer <input type="checkbox"/> Other                                  |                          |  |
| Other Programs Leading to Credentials:  |                          |  |

#### 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 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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### Boards, Commission, Associations

(Provide examples and timeline from the last 10 years of service and community commitment to include volunteering for associations, nonprofits, community organizations, boards, committees, and charitable organizations or community events, such as: Boy/Girl Scouts, Civil Air Patrol, Homeowner's Associations, etc. (ex: Boy/Girl Scouts – 2020-2021))

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### Education

(**MUST** Provide: Degree Awarded, Field of Study, Name of Institution, Years Attended)

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### Training & Certifications

(Title of Course, Code-if applicable, Training Location, Date Attended/Completed)

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### Other

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## TAB 3 – COMMITMENT STATEMENT

The National Emergency Management Advanced Academy (NEMAA) consists of four 5-day resident courses held over a period of 1 fiscal year. All four courses (E/L/K0451, E/L/K0452, E/L/K0453, and E/L/K0454) must be attended in sequence. The series also includes pre-course reading assignments and the completion of a NEMAA paper submitted prior to arrival for the third class (0453).

By signing the last tab of this package, I commit to participate fully in the program's in-class four courses over 1 fiscal year. I commit to completing all pre-course reading assignments and to submitting the NEMAA paper prior to attending 0453. I understand that if I am unable to complete the program, for any reason, within 2 years of acceptance to the Academy, I will need to start over and complete the program in its entirety.

The class schedule, which includes the following courses, can be found at the [National Emergency Management Advanced Academy](https://training.fema.gov/empp/advanced.aspx) website at <https://training.fema.gov/empp/advanced.aspx>.

- E/L/K0451 Advanced I – Application of Advanced Individual Concepts in EM
- E/L/K0452 Advanced II – Assessment of Teams in Professional Emergency Management
- E/L/K0453 Advanced III – Contemporary Issues in the Emergency Management Organization
- E/L/K0454 Advanced IV – Advanced Concepts and Policy in the EM Profession

I,

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(name)

understand and agree to the requirements of completing all activities of the  
**National Emergency Management Advanced Academy.**

### 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 Advanced Academy?

(Max 2000 characters; about 350 words)

2. How does the Advanced Academy align with your professional goals?

(Max 2000 characters; about 350 words)

3. If selected, how will you better serve your community and/or further the profession?

(Max 1700 characters; about 300 words)

4. How will you contribute to the collaborative cohort experience in the Advanced Academy?

(Max 1700 characters; about 300 words)

5. Explain the most challenging issue facing your organization and how attendance in the Advanced Academy might help you solve the issue.

(Max 1700 characters; about 300 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 National Emergency Management Advanced Academy 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 National Emergency Management Advanced Academy. 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: