



# F0648 LEADERSHIP IN SUPERVISION

## Frameworks to Success

**MARCH 14 - 15, 2020  
8AM - 4PM**

at MFSI Headquarters:  
19 Sewall Street,  
Brunswick ME 04011

*Deadline to apply: 1/31/2020*

**Cost: \$50 per person (includes lunch)**

This two-day course provides the supervisor with the knowledge and skills to perform successfully in the fire and Emergency Medical Services environments. The course addresses professionalism, resilience, emotional intelligence, and situational awareness, as well as managing conflict, delegating mentoring, coaching, empowering, and building collaboration and synergy for professional growth.

The primary target audience for this course are those individuals who are at the first line level of supervision (i.e. those at the Company Officer or Unit Supervisor level of fire prevention, fire education, communications, EMS, etc.). More specifically primary selection criteria are as follows:

- First line supervisors in fire and EMS organizations.
- Fire/EMS personnel due for promotion to a first line supervisory position within 18 months.
- Fire/EMS personnel who are regularly assigned acting supervisory positions.

Fire and EMS personnel currently enrolled in the National Fire Academy Managing Officer Program will be provided priority selection. The secondary target audiences are fire and EMS personnel at the first line management level (Chief Officer or above).

### **CURRICULUM: LEADERSHIP & EXECUTIVE DEVELOPMENT**

PLEASE SEND FORMS & PAYMENT TO MFSI, ATTN: NFA - 2020, 19 SEWALL ST, BRUNSWICK ME 04011  
FOR MORE INFORMATION: JIM GRAVES, MFSI DIRECTOR, 207-844-2078

# Registration Form

SMCC ID# \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

BIRTH/OTHER NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

GENDER\*  FEMALE  MALE

BIRTHDATE\* \_\_\_\_\_

MINOR RELEASE FORM REQUIRED FOR STUDENTS UNDER 18 YEARS OF AGE

ETHNIC GROUP\* (CHOOSE ONE)  HISPANIC/LATINO  NOT HISPANIC/LATINO

RACE\* (CHOOSE ALL THAT APPLY)  AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  
 BLACK OR AFRICAN AMERICAN  WHITE  
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

\*OPTIONAL – THIS INFORMATION IS USED FOR REPORTING PURPOSES ONLY

YOUR REASON FOR ENROLLING  DEGREE OR CERTIFICATE  PERSONAL ENRICHMENT  
 TRANSFER TO ANOTHER COLLEGE  SKILLS FOR EMPLOYMENT  OTHER

I HAVE BEEN A RESIDENT OF MAINE SINCE \_\_\_\_\_ (for non-educational purposes)  
MONTH/YEAR

ARE YOU A U.S. CITIZEN?  YES  NO PROOF OF MAINE/US RESIDENCY REQUIRED TO QUALIFY FOR IN-STATE TUITION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED?  YES  NO

REGISTRATION YEAR \_\_\_\_\_ TERM  FALL  SPRING  SUMMER

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	A AUDIT R REPEAT	OFFICIAL USE
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NFA	F0648		Leadership in Supervision: Frameworks for Success			

STUDENT SIGNATURE \_\_\_\_\_

**SECTION I - GENERAL INFORMATION**

1. DATE OF BIRTH (Mo, Day, Yr.)		2. GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		3. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT		If No, City and Country of Birth:	
4. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE      2. <input type="checkbox"/> ASIAN      3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE      5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER						4a. ETHNICITY <input type="checkbox"/> HISPANIC or LATINO <input type="checkbox"/> NOT HISPANIC or LATINO	
5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)						6. STUDENT IDENTIFICATION (SID) NUMBER	
7. HOME MAILING ADDRESS (Street, avenue, road no., P.O. box/city or town, and zip code)				8. Work Phone Number:		9. Home Phone Number:	
				10. FAX Number:		11. E-MAIL ADDRESS	
12a. ENTER COURSE CODE AND TITLE F0648 - Leadership in Supervision Frameworks to Success				12b. COURSE LOCATION Brunswick, ME		12c. DATE March 14-15, 2020	
13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, indicate & describe any special considerations required on a separate sheet)							

**SECTION II - EMPLOYMENT INFORMATION**

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED		14b. NFIRS # (NFA ONLY)	15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION	
16. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION			16b. ORGANIZATION	16c. CURRENT STATUS
16a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE      4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP      7. <input type="checkbox"/> FOREIGN 2. <input type="checkbox"/> COUNTY GOVERNMENT      5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)      8. <input type="checkbox"/> DHS/FEMA 3. <input type="checkbox"/> CITY/TOWN/VILLAGE      6. <input type="checkbox"/> INDUSTRY/BUSINESS      9. <input type="checkbox"/> TRIBAL NATION			1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION	1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> DISASTER RESERVIST

**SECTION III - ENDORSEMENT AND CERTIFICATION**

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).  
 17b. 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.  
 17c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.  
 17d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTF. 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.

18a. SIGNATURE OF APPLICANT		18b. DATE
19. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
By signing this application, I certify that my organization does not discriminate on the basis of age, gender, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.		
19a. SIGNATURE	19b. PRINTED NAME AND TITLE James A. Graves, Director, MFSI	19c. DATE
20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIRED FOR SELF STUDY PROGRAMS)		
20a. SIGNATURE AND DATE (State Office)	20b. SIGNATURE AND DATE (FEMA Regional Office)	
21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR		

22a. DISPOSITION

ACCEPTED  REJECTED

22b. SIGNATURE OF REVIEWER

22c. DATE

#### 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.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121, et. seq.; Title 44 U.S.C. Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES: To determine eligibility for participation in NFA and EMI courses. Information such as age, gender, 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 Board 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 voluntary 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.

#### PAPERWORK BURDEN DISCLOSURE NOTICE

*Public reporting burden for this data collection is estimated to average 6 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0100) NOTE: Do not send your completed form to this address.*