



**MAY 16 - 21
2022 at MFSI
in Brunswick**

Leadership **in** **Supervision**



Deadline to Apply:
April 1, 2022
Course Fee: \$150

Space will be limited to allow for social distancing (maximum of 30 participants). MFSI is located at 19 Sewall Street in Brunswick, ME.

This six-day course is the combination of the three two-day courses within the Leadership in Supervision Series: Creating Environments for Professional Growth (Course 0646), Perspectives in Thinking (Course 0647), and Frameworks to Success (Course 0648).

Leadership in Supervision

This series presents the fire and emergency medical services (EMS) supervisor with the basic leadership skills and tools needed to perform effectively in the fire and EMS environment, to successfully transition to supervisory and leadership roles, and establish a conceptual foundation and framework for success in leadership roles by exploring creative, analytical, political and critical thinking perspectives.



Topics in the course include: adaptive leadership, change management, active followership, effective communication including difficult conversations, advocacy-inquiry based dialogue and persuasion, ethics, authority, power, decision-making assessing situations from multiple perspectives, fostering creativity and innovation, professionalism, resilience, emotional intelligence, situational awareness, managing conflict, delegating, mentoring, coaching, empowerment, and building collaboration and synergy for professional growth.

The course includes the development of a personal plan for active engagement in the provision of leadership in supervision. This course meets the requirements of the Managing Officer Program for completion of Leadership I, II, and III.

Prerequisites:

Incident Command System (ICS)-100-level and ICS-200-level training. Preferred courses are Q0462 and Q0463, available through NFA Online. Chief's signature attests that the applicant has completed this required training.

Additional Course Info:

Daily lunch and light snacks are included in the course fee. Lodging will **not** be provided. Please do not send payment with application materials - see attached COVID-19 Billing Procedure form for more info. For other questions about the course, please email Director Graves at jgraves@smccme.edu.

Applications can be sent to Anne Heinig at ahinig@smccme.edu or "MFSI ATTN: Anne Heinig, 19 Sewall Street, Brunswick ME 04011."

COVID-19
vaccination is
required for
all on-campus
activities at
SMCC/MFSI.



SOUTHERN
MAINE
COMMUNITY
COLLEGE

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* AMERICAN INDIAN OR ALASKA NATIVE

(CHOOSE ALL ☐ BLACK OR AFRICAN AMERICAN

THAT APPLY)

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

☐ ASIAN

☐ WHITE

*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	N0645		Leadership in Supervision (6-day)			

STUDENT SIGNATURE _____



In Service Since 1948

COVID-19 Billing Procedure

In the past, MFSI has collected payment for programs and courses at the time of registration. However, given the increased likelihood of program cancellations due to the ongoing pandemic - and in an effort to avoid delays in departments/individuals/agencies receiving their reimbursement funds for canceled programs - we will not be collecting payment for any program until it has begun.

Please use this form to provide information about the intended payment method (whether it will be an individual or a fire department/other agency) so that MFSI can invoice the payer after the program's start date. We ask that you write legibly or type your responses. **Your application will not be considered complete without this form filled out in its entirety.**

Payment method*: Purchase order from fire department/municipality

Personal check

Purchase order number (if applicable):

Payer (name/department name):

Candidate's name (if different from payer):

Course name:

Course location:

Payer's address for receipt of invoice:

Email address or phone number of payer (not candidate):

This form, and all other registration materials, should be submitted to Anne Heinig at aheinig@smccme.edu or MFSI, ATTN: Anne Heinig, 19 Sewall Street, Brunswick, ME 04011.

If you have any questions about payment options or other billing concerns, please contact Nancy Russell at nrussell@smccme.edu.

**Please note: MFSI cannot accept payments made via credit card.*

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for
Privacy Act Statement

O.M.B. No. 1660-0100
Expires November 30, 2016

SECTION I - GENERAL INFORMATION						
1. U.S. Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PERMANENT RESIDENT If No, City and Country of Birth: _____						
2. NAME (Last, First, Middle Initial, Suffix)		3. STUDENT IDENTIFICATION (SID) NUMBER				
4. HOME MAILING ADDRESS (Street, avenue, road no, P.O. box/city or town, state, and zip code)		5. WORK PHONE NO. _____				
		6. HOME PHONE NO. _____				
		7. FAX NO. _____				
		8. E-MAIL ADDRESS: _____				
9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application) N0645 - Leadership in Supervision (6 Day)		9b. COURSE LOCATION Brunswick, ME	9c. DATES REQUESTED (Please give three choices) May 16-21			
10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING						
INSTITUTION		DEGREE/CERTIFICATE	DATE EARNED	COURSE/FIELD OF STUDY		
_____		_____	_____	_____		
11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, describe & indicate any special assistance required on a separate sheet)						
SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION						
12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED		12b. NFIRS # (NFA STUDENTS ONLY)	13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION			
_____		_____	_____			
14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION						
14 a. JURISDICTION		14 b. ORGANIZATION				
1. <input type="checkbox"/> STATEWIDE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP	1. <input type="checkbox"/> ALL CAREER	15. CURRENT STATUS			
2. <input type="checkbox"/> COUNTY GOVERNMENT	5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)	2. <input type="checkbox"/> ALL VOLUNTEER	1. <input type="checkbox"/> PAID FULL TIME			
3. <input type="checkbox"/> CITY/TOWN/VILLAGE	6. <input type="checkbox"/> INDUSTRY/BUSINESS	3. <input type="checkbox"/> COMBINATION	2. <input type="checkbox"/> PAID PART TIME			
			3. <input type="checkbox"/> VOLUNTEER			
			4. <input type="checkbox"/> DISASTER RESERVIST			
16. 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. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application.						

17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.						
17a. PRIMARY RESPONSIBILITY		17b. TYPE OF EXPERIENCE	17c. NUMBER OF YEARS OF EXPERIENCE _____			
1. <input type="checkbox"/> MANAGEMENT	1. <input type="checkbox"/> INCIDENT COMMAND					
2. <input type="checkbox"/> TRAINING/EDUCATION	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17d. SIZE OF DEPARTMENT _____				
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	3. <input type="checkbox"/> SUPERVISION					
4. <input type="checkbox"/> INVESTIGATION	4. <input type="checkbox"/> BUDGET/PLANNING	17e. BUSINESS TYPE				
5. <input type="checkbox"/> FIRE PREVENTION	5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	1. <input type="checkbox"/> GOVERNMENT				
6. <input type="checkbox"/> FIRE SUPPRESSION	6. <input type="checkbox"/> COORDINATION/LIAISON	2. <input type="checkbox"/> EDUCATION				
7. <input type="checkbox"/> PROGRAM/ACTIVITY	7. <input type="checkbox"/> PUBLIC EDUCATION	3. <input type="checkbox"/> FIRE SERVICE				
8. <input type="checkbox"/> HEALTH	8. <input type="checkbox"/> CODE DEVELOPMENT	4. <input type="checkbox"/> LAW ENFORCEMENT				
9. <input type="checkbox"/> PUBLIC WORKS	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	5. <input type="checkbox"/> VOLUNTEER AGENCY				
10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	10. <input type="checkbox"/> SUPPORT SERVICES	6. <input type="checkbox"/> EMERGENCY MANAGEMENT				
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE	11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	7. <input type="checkbox"/> HEALTH CARE				
12. <input type="checkbox"/> HAZARD MITIGATION	12. <input type="checkbox"/> ARSON	8. <input type="checkbox"/> PUBLIC WORKS				
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS	13. <input type="checkbox"/> LAW ENFORCEMENT					
14. <input type="checkbox"/> OTHER (Specify) _____	14. <input type="checkbox"/> DESIGN AND PLANNING					
	15. <input type="checkbox"/> OTHER (Specify) _____					
18. DATE OF BIRTH		19. GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female				
_____		_____				
20. RACE (Please check all that apply)		20a. Ethnicity				
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	6. <input type="checkbox"/> HISPANIC or LATINO	7. <input type="checkbox"/> NOT HISPANIC or LATINO

SECTION III - ENDORSEMENT AND CERTIFICATION

21a. 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 U.S.C. 1001).

21b. 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.

21c. 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.

21d. 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.

SIGNATURE OF APPLICANT

DATE

22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"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."

22a. SIGNATURE

22b. PRINTED NAME AND TITLE

James A. Graves, MFSI Director

23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

23a. SIGNATURE AND DATE (State Office)

23b. SIGNATURE AND DATE (FEMA Regional Office)

24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO:

**NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS, BLDG. I-216
16825 SOUTH SETON AVENUE
EMMITSBURG, MD. 21727**

24b. FOR EMI COURSES DELIVERED AT NETC, MWEOC, OR NTF SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL TRAINING MANAGER TO NETC.

24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.

25. DISPOSITION

☐

ACCEPTED

☐

REJECTED

SIGNATURE OF REVIEWER

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 9 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.**