

**TENNESSEE EMERGENCY MANAGEMENT AGENCY COURSE APPLICATION**

**Applicant's Name:** \_\_\_\_\_  
   **First Name**  **Middle Initial**  **Last Name**

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone Number (\_\_\_\_)** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

**Employer (Dept/Agency)** \_\_\_\_\_

**Title/Position** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Dates of Course:** \_\_\_\_\_

Please list below the dates on which you completed the prerequisites for the course you are requesting and attach either a transcript or copies of the course certificates:

<b>PREREQUISITE COURSES</b>	<b>DATE COMPLETED</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
 Signature of Applicant Date

\_\_\_\_\_  
 Signature of Immediate Supervisor Date

\_\_\_\_\_  
 Signature of Local Emergency Management Director Date

\_\_\_\_\_  
 Signature of TEMA Regional Director Date

**NOTE: If you are applying for a course that requires a prerequisite, and do not list the prerequisite and enclose the certificate from the course, your application will be returned without action. If you are in a travel status, list SSN for reimbursement:** \_\_\_\_\_  
**(SSN)**