



## 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: \_\_\_\_\_

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 or attach either a transcript or copies of the course certificates:

PREREQUISITE COURSES	DATE COMPLETED
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
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)