



Certificate Program in Emergency Management with Special Populations
Application for Admission

Send this application, all supporting documents, and \$25 application fee to:
Sylvia Twersky-Bumgardner, MPH
Temple University Department of Public Health
1700 North Broad Street, Room 304 Philadelphia, PA 19122
sylviatb@temple.edu

Name: _____ SS#: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

E-mail: _____

1. Attend(ed) college/university listed below (include Temple University).

<u>Name</u>	<u>Location</u>	<u>Dates</u>	<u>Major/Degree</u>	<u>Credits Completed</u>
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2. If you have received any certification in emergency management or emergency management trainings please list them here:

<u>Name</u>	<u>Location/Institution</u>	<u>Dates</u>
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- Academic Experience:** Please include transcripts from all colleges or universities that you have attended. You must have completed a minimum of 15 undergraduate credits with a GPA of 2.75 or higher to be accepted into the program.

Prerequisite Exemption: You can apply for an exemption from the prerequisite class Intro to Emergency Management if you can show successful completion the following NIMS classes:

- ICS-100: Introduction to ICS or equivalent
- ICS-200: Basic ICS or equivalent
- ICS-300: Intermediate ICS or equivalent
- FEMA IS-700: NIMS, An Introduction
- FEMA IS-800.A: National Response Plan (NRP), An Introduction

You can also apply for an exemption if you can show that you have taken an equivalent course at another college or university with a B or better.

Please check here if you are requesting an exemption and attach student transcript and/or course certificates as necessary.

Professional Goals: Please include a statement where you outline your interest in the program and how this certificate relates to your professional and personal goals and objectives. It should be approximately one page, typed.

Professional Experience: Please include a current resume.

Check for \$25 made payable to Temple University

3. Please check all that apply:

I am currently working:

- | | |
|---|--|
| <input type="radio"/> in public health | <input type="radio"/> as a health or allied health professional |
| <input type="radio"/> in emergency management or response | <input type="radio"/> as an administrator |
| <input type="radio"/> with county government | <input type="radio"/> as an educator |
| <input type="radio"/> with state government | <input type="radio"/> as an independent consultant or contractor |
| <input type="radio"/> with federal government | <input type="radio"/> not currently employed |
| <input type="radio"/> with a non-profit organization | |
| <input type="radio"/> with a hospital | |
| <input type="radio"/> with a school system | |

Please indicate your agreement with the following statement by initialing below:

Each student is responsible for having reasonable access to computer hardware, software, and appropriate communications links. A computer with a high speed internet connection (cable or DSL is strongly recommended) is needed. You may be asked to purchase a microphone and a web cam if you do not currently own one. Individual student computer skills should include acquaintance with email, internet searching, and discussion boards.

Initials: _____

STATEMENT OF RESIDENCE: (Must be completed by applicants).

a. Country of citizenship: _____

b. State you claim legal residence: _____

(Temple University reserves the right to request documentary evidence in support of your residency claim).

c. If you claim Pennsylvania residence, have you resided in Pennsylvania for twelve (12) consecutive months preceding your entry into Temple University?

Yes _____ No _____

d. Have you been a student while living in Pennsylvania?

Yes _____ No _____

e. I am now and have been since _____ (dd/mm/yr), a legal resident of _____ (state)

All Applicants please read the following and sign:

I understand that withholding information requested on this application or giving false information may make me ineligible for admission. With this in mind, I certify that the above statements are correct and complete and if admitted, I agree to abide by the published policies, rules and regulations of Temple University.

Signature of Applicant

Date

OFFICE USE ONLY

Application Received: _____

Accepted _____ Rejected _____

Beginning Term: _____

(Month/Year) _____

Received by: _____

Date: _____