



**New Hampshire Department of Safety  
Division of Fire Standards and Training & Emergency Medical Services**

Mailing: 33 Hazen Drive, Concord, NH 03305      Physical: 98 Smokey Bear Boulevard, Concord, NH  
 Phones: (Toll free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091      Email: [fstems@dos.nh.gov](mailto:fstems@dos.nh.gov)

# General Admission Application

To expedite your enrollment process, ensure your profile is up-to-date at [www.respondnh.org](http://www.respondnh.org)  
 \*Include your EMS License # or NELP # which is to the right of your name under My Account > Profile  
 If you do not have a profile in RespondNH.org please create one before applying

**Section 1: PERSONAL INFORMATION (Incomplete applications will not be processed.)**

Legal First name:	Middle	Legal Last name:	Suffix:	*EMS License # or NELP #:		
Email address:			Last 4 of SSN:	DOB:	M	F
PO Box/Street:		Town/City:	State:	Zip:		
Cell Phone:		Home Phone:				

**Section 1A: SID NUMBER and Citizenship: (Required for ALL DHS, FEMA, And National Fire Academy classes!)**

No FEMA SID? Create one here: <a href="https://cdp.dhs.gov/femasid/">https://cdp.dhs.gov/femasid/</a>	SID NUMBER:	Are you a US Citizen?	Y	N
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**Section 2: COURSE INFORMATION (Complete Section 1A if you are taking a DHS, FEMA, or NFA course!)**

Course Name:	Course date:
Course Number (CREF):	Course location:

**Section 3: APPLICANT AFFIRMATION AND SIGNATURE**

⇒ **NOTE: Applicant must sign this application and meet all course prerequisites or your application will be denied**

I certify that the information on this application and my RespondNH profile is correct and I understand that falsification of information may result in denial of a course certificate. I understand and agree to abide by the rules, policies, and refund policy of the NH Division of Fire Standards and Training & Emergency Medical Services (NHFSTEMS). I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. Unless I am employed by the State of NH, I understand and accept the fact that I am not covered by any insurance provided by the State of NH, the Fire Standards and Training Commission, or any other instructor nor will insurance from any of these agencies be available in the event of my injury or death.

Signature of Applicant:	Date:
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**Section 4 AFFILIATION & COURSE PAYMENT**      For PERSONAL PAYMENT, please fill out the "General Payment Form"

**Section 4A: SPONSORING AGENCY**

**Section 4B: DEPARTMENT AUTHORIZATION FOR PAYMENT: (Only required if the above department is paying for this course)**

The agency/department representative signature below, for the department listed above, verifies that the agency / department agrees to be billed for this applicant by the division for this course and is aware of the division's refund policy on the website: [FSTEMS Refund Policy](#)

Name of Agency Representative:	Position:
Signature of Representative:	Date:

For further information on the division's refund policy and dormitory reservations, please refer to the NHFSTEMS website: <a href="http://www.nh.gov/safety/divisions/fstems/forms.html">http://www.nh.gov/safety/divisions/fstems/forms.html</a>	<b>STAFF USE ONLY:</b>
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## General Payment Information Form

- This form is to be used if your department / agency is NOT paying for your tuition.
- Please be sure to fill in all requested information.
- Submit this form along with the “General Admission Application”.

**Section 1: APPLICANT INFORMATION**

<b>NAME:</b>	Last	Middle Init.	First
Last 4 digits of SSN:	Date of birth: (mm/dd/yyyy)	*EMS License # or NELP #:	

**Section 2: COURSE INFORMATION**

Course name:

Course reference (CREF) number:

**Section 3: PERSONAL PAYMENT INFORMATION**

- Check off one method of payment listed below.
- Please make checks or money orders payable to NHFSTEMS and submit along with this form and the “General Admission Application”.
- Leave this section blank if your agency / department will be billed. (See Section 4.)

Personal Check	
Money Order / Bank Check	
Credit Card	<i>If you are paying by credit card please call 603-223-4200 upon receiving confirmation of your enrollment.</i>
G.I. Benefits (Training programs only)	<i>A staff member will contact you if you wish to utilize your G.I. Benefits</i>

**Section 4: AGENCY / DEPARTMENT PAYMENT**

The signature below, provided by a dept./agency representative, verifies that the dept./agency agrees to be billed for this applicant from the division and is also aware of the division’s refund policy on the website.

**Department Name:**

<b>Signature of Agency Representative:</b>	<b>Date:</b> (mm/dd/yyyy)
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For further information on the division’s **refund** policy, please refer to the NHFSTEMS website:  
<http://www.nh.gov/safety/divisions/fstems/documents/fstemsrefundpolicy.pdf>

**FOR OFFICE USE ONLY:**

# A Guide to Filling out the NHFSTEMS General Admission Application

## **Section 1: (Personal Information)**

- Please ensure your profile is updated and accurate at [www.respondnh.org](http://www.respondnh.org). If you do not have a profile, create one prior to submitting your application.
- Please include either your EMS License # of assigned NELP# from your [www.respondnh.org](http://www.respondnh.org) profile.
- All applicants must fill out applicable information in this section. Please list your name the way you would like to see it on a course certificate.
- Please supply a **complete mailing address**. Please do not utilize your departments address for your profile address.
- **Email address:** Please provide an accurate email address if you have one so that you can receive automated emailed course enrollment confirmations. This must be a unique email address within [www.respondnh.gov](http://www.respondnh.gov)

## **Section 1A: (SID Number)**

- This number is required for anyone applying for a DHS, FEMA, or NFA course. Click on or copy and paste the link onto your browser in order to obtain your number. SID numbers will be entered into the database as part of your permanent record.
- **US Citizenship:** This information is required for federally funded training programs. If you are not a US citizen, you must list your country of birth.
- Affiliated applicants, being sponsored to take a course by their agency/department, must fill out their agency/department information.
- Please provide the official name of your department/agency as well as the address, phone, fax number, and your rank in the department, if applicable. In addition, check off the appropriate box regarding your status in the department.

## **Section 2: (Course Information)**

- Applicants must fill out all of the requested information in this section.
- Explanation of CREF numbers / course numbers:
- Most CREF/course numbers can be found in the division's course catalog both found on the web at:  
<https://nhfa-ems.com/catalog/>

## **Section 3: (Applicant Affirmation and Signature) **APPLICANT SIGNATURE REQUIRED!****

- This section must be signed by the applicant. Unsigned applications will be considered incomplete and returned to the applicants.
- Submitting an application without having met prerequisites will prohibit enrollment.

## **Section 4: (Agency/Dept. **PAYMENT**) **SIGNATURE REQUIRED BY AGENCY REP.!****

- Leave this section blank if there is no charge for the course or your department is not paying for the course.
- This section applies only to applicants who are affiliated with an agency, department, or business.
- The applicant **DOES NOT** sign in this section! It should only be signed by an agency representative.
- A link to the Division's refund policy is also in this section.
  - ⇒ It is the agency representative's responsibility to be aware of this policy.
- NOTE: If your agency will not be paying for your tuition, please fill out the "General Payment Information Form" located on page 2 of the General Admission Application Form. It is for applicants who will be paying on their own.