TN Department of Military | TEMA

CLEAR FORM

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:

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)