

# Public Safety Academy of Northeast Indiana Training Application

**PLEASE PRINT ALL INFORMATION**

Student Name:	Organization Represented:						
Work Mailing Address:	Position in Organization:						
PSID # (issued by IDHS, if applicable):	Discipline (check all that apply)						
Law Enforcement Hours (if applicable):	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">EMA</td> <td style="width: 33%;">LAW ENF.</td> <td style="width: 33%;">EMS</td> </tr> <tr> <td>FIRE</td> <td>OTHER</td> <td>_____</td> </tr> </table>	EMA	LAW ENF.	EMS	FIRE	OTHER	_____
EMA	LAW ENF.	EMS					
FIRE	OTHER	_____					
Gender:        Male                      Female Birth Year:	Contact Number:						
Course Name and Date:	County of Employment: County of Residence:						
Fax Number:	Email Address:						

Courses taken to meet prerequisite, including dates and location (if applicable):

If you have any special needs, please let us know how we can help:

Briefly describe your activities or responsibilities as they relate to this course:

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

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

Mail applications to:  
**Public Safety Academy of Northeast Indiana**  
 7602 Patriot Crossing  
 Fort Wayne, IN 46816

For course registration contact Shawn Fort (260) 439-8201 or shawn.fort@ci.ft-wayne.in.us  
 Applications may also be faxed to (260) 439-8252

<b>FOR PUBLIC SAFETY ACADEMY USE ONLY</b>			
Instructor Name and provider # (if applicable):			
Date Entered:	Date Received:	Prerequisite(s) met? YES	NO