



Center for Homeland Defense and Security Emergence Program

Description

The Emergence Program is a unique opportunity for homeland security/public safety professionals who are in the first half of their careers. The program provides an educational forum and innovation lab for participants to explore “emerging” trends in the world around us (e.g., technology, social, and terrorism). Participants will discuss both the challenges associated with these complex trends as well as the opportunities to rethink how we protect our communities and the nation. In addition, program sessions will assist participants in “emergence” strategies for implementing innovative ideas, being a leader, and for a successful homeland security career.

Dates/Location

The seminar will consist (2) one-week sessions at the Naval Postgraduate School, Monterey, CA. Please visit [CHDS Emergence Program](#) for a complete list of dates.

Funding

Tuition, fees and travel are funded through a FEMA grant

Eligibility

Employment Status / Grade

- GS 9-13, or equivalent.
- Full time DHS employee with between one (1) and fifteen (15) years of federal service.*
- Been with DHS for at least one (1) year by the start of the program.
- Demonstrated commitment to a career in homeland security.
- Have strong collaboration, creativity, critical thinking and problem-solving skills.
- Should enjoy learning through interactive activities.
- Employees must have achieved at least a “Meets Expectations” or equivalent on their last review, and must be in good standing.

*Military service- military service will not count against your maximum time of federal service.

Application Process

Step One: Completion of Application(s) – Two Step Application Process Required

A. Individual must complete both the DHS and CHDS applications electronically. Do not copy and paste essays into the application. Spelling and grammar check will still work within the form. Upon completion, applicant shall sign the document, and obtain direct supervisor signature. Application package is not considered complete unless all items are contained in the package. You must submit your application to your Component POC according to their internal deadlines. The dates listed on chds.us and the DHS Academic Programs page are for the Component POCs. Contact your component POC to determine your required submission deadline! Please visit the [Academic Programs](#) page on DHS Connect for a list of Component [points of contact](#).

Applications must be saved using the following format: LastName_First_Component

B. Applicants are required to complete an online CHDS application located at [CDHS Emergence](#). Applicants MUST complete this application by May 1st for Fall or December 1st for Spring. Do not wait on a DHS nomination to complete the CHDS application.

Step Two: Component Prescreening

Component will prescreen application based upon their established criteria. Components will submit all approved applications to Academic Programs. Applications must be sent to academicprograms@hq.dhs.gov; only approved applications by eligible individuals will be reviewed for nomination. Please consult the DHS Academic Program POC for due dates.

Step Three: Nomination Committee Review

Approved applications from components will be reviewed based on nomination criteria. Selection by the Nomination Committee does not guarantee participation in the program. The Center for Homeland Defense and Security reserves the final decision to select a nominee for participation. Number of nominations is based upon billets available, and may include alternates.

Step Four: Program Review

The Center for Homeland Defense and Security will review nominees based upon school's acceptance criteria. Applicants should not contact the school directly. Selection notification will be made to the component point of contact by the DHS Chief Learning and Engagement Officer as received. Components will notify individuals of selection.

Nomination Criteria

Applications will be pre-screened by each Component based upon their set criteria (contact component representative for details).

For program information or application questions, please contact your Component Academic Program POC or the DHS Program Manager:

academicprograms@hq.dhs.gov

CHDS Emergence Program

Employee Statement of Interest

TO BE COMPLETED BY APPLICANT:

Name:			
Department/Agency:			
Component:		Date reported to DHS:	
Email Address:		Phone Number:	
Current Title:		Location/Address:	
GS Level:			
Supervisor Name:		Supervisor Email:	
Supervisor Title:		Supervisor Phone:	
Have you completed a DHS Education Program in the past three years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide a brief Bio of your career (max of 200 words)?			

Describe how attending this development program will benefit your office/Component (max of 250 words).

Special Requirements and/or Accommodations (if any):

I fully understand the requirements and time commitment required to engage in this training program:

Employee's Signature

Date

Privacy Act Statement

AUTHORITY: The Homeland Security Act Of 2002, Pub. L. 107-296, Sec 1331; 5 U.S.C. Chapter 41-Training.

PRINCIPAL PURPOSE: The purpose is to enable individuals to provide the necessary information for enrollment in a specific college, course, or program, and for other administrative processing associated with applying to the Naval Postgraduate School.

ROUTINE USES: Data will be used to compile student databases, class placements, statistical data, and for other routine administrative purposes. Information will be shared with Academic Program personnel in the DHS Office of the Chief Human Capital Officer, the Component where the applicant resides, and the Naval Post Graduate School. In exceptional cases, information may also be shared in accordance with the routine uses described in DHS/ALL-003 Department of Homeland Security Training Records.

MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information may prevent enrollment.

Center for Homeland Defense and Security
Emergence Program Application

Supervisor's Recommendation

TO BE COMPLETED BY SUPERVISOR:

I recommend this individual for this program:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
After completion, I will support this employee's effort to actively contribute to the development and enhancement of the overall DHS Mission	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Please describe how his/her attendance for this development program will benefit your office/Component (max of 250 words).				

Supervisor's Signature

Date

Supervisor's Printed Name

TO BE COMPLETED BY COMPONENT MANAGEMENT (SES or Equivalent):

I support this employee's participation in the CHDS Emergence Program	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Comments (optional):				

Component Leadership Approval

Date

Printed Name