Application for Certification

Please read the Application Guidelines before completing this form

Utah Emergency Management Professional Certification Program

Application for the

Utah Associate Emergency Manager (UAEM) Designation

Please submit page 2 of the application with signature, along with your application fee, to:
Utah Division of Emergency Management
Attn: Professional Certification Committee
1110 State Office Building, Salt Lake City, UT 84114

Email completed application and supporting documentation to:
UtahCEM@utah.gov

Application for Certification

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UEMA
Utah Emergency Management Association

Applicant Information

Name:

Current Position/Title:

Organization:

Preferred Contact Address:

City:

State:

Zip:

Preferred Contact Phone Number:

Preferred Contact Email:

I understand that certification is subject to the approval of the Utah Emergency Management Professional Certification Review Committee, and if granted, is current for a five-year period. I will provide the necessary documents and supply further information as requested by the committee. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application or subsequent certification. I give permission for verification of any and all information contained in this package.

Signed: _____ Date: _____

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Work History / Experience (1 year in emergency management required)

Employer Name:

Address:

City:

State:

Zip:

Supervisor Name:

Supervisor Title:

Supervisor Phone Number:

Employed from (Month/Year):   To (Month/Year):

Average Hours worked per week: Percent of time on Emergency Mgmt.:   %

Your Job Title:

Your Emergency Management Related Duties:

Employer Name:

Address:

City:

State:

Zip:

Supervisor Name:

Supervisor Title:

Supervisor Phone Number:

Employed from (Month/Year):   To (Month/Year):

Average Hours worked per week: Percent of time on Emergency Mgmt.:   %

Your Job Title:

Your Emergency Management Related Duties:

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

Education

<u>High School Diploma or GED</u>

Name of High School or Sponsoring Institution for GED Program:
Address:
City:
State:
Zip:
Year High School Diploma or GED Received:

And / Or

<u>College/University Diploma(s)</u>

Name of College or University:
Address:
City:
State:
Zip:
Degree(s) Received:
Year(s) Degree(s) Received:

Name of College or University:
Address:
City:
State:
Zip:
Degree(s) Received:
Year(s) Degree(s) Received:

*Use additional pages, if necessary

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References (2 required)

REFERENCE #1: Current or Most Recent Supervisor

Name: Title:

Organization:

Address:

City: State: Zip:

Phone:

Email:

REFERENCE #2: Emergency Management Peer

Name: Title:

Organization:

Address:

City: State: Zip:

Phone:

Email:

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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Professional Contributions to Emergency Management

Applicants are required to complete this checklist when applying for certification consideration. Please refer to the Application Guidelines document for complete details and requirements. **Four (4) Professional Contributions are required** for the Utah Associate Emergency Manager designation.

Number	Contribution Submitted	Name of Contribution	Description of Contribution
1	☐	Professional Membership	Active membership for 2 years in an emergency management-related organization.
2	☐	Professional Conference	Participation in disaster / emergency management related workshops / conferences. (20 Cumulative Hours)
3	☐	Service Role	Voluntarily serve on a board, committee, task force or special project for a professional or jurisdictional organization contributing to or supporting emergency management.
4	☐	Leadership Role	Voluntarily serve in a leadership position on a board, committee, task force or special project for a professional or jurisdictional organization contributing to or supporting emergency management.
5	☐	Special Assignment	Involvement in a special assignment or project, which results in a significant contribution to or impact on the disaster / emergency management profession.
6	☐	Speaking	Participate in a minimum of 3 presentations or panels speaking about disaster / emergency management related subject matter.
7	☐	Teaching / Instructing	Complete a formal teaching or instructing commitment related to disaster / emergency management. Minimum of 3 cumulative hours.
8	☐	Course Development	Significantly contribute to the development or extensive revision of an emergency management training course, which equals or exceeds 3 hours.
9	☐	Publications	Publication of an emergency management article, research project, or instructional pamphlet.
10	☐	Audio-Visual and Interactive	Develop an audio, audio-visual, or computer software application relative to emergency management.
11	☐	Awards or Special Recognition	Receive an award for disaster / emergency management related activities.
12	☐	Legislative Contact	Contact an elected official at the national or state level regarding an emergency management issue.
13	☐	Conducting Research	Play a significant role in the development and execution of an emergency management related research project.
14	☐	Other	Other contributions may be recognized by a request to and approval from the Certification Committee. Activities relevant to Mitigation, Preparedness, Response or Recovery should be highlighted.

Application for Certification

1. Professional Membership (Minimum of Two Years Required)

Name of association or organization:

Dates of membership:

Describe how the association or organization relates to emergency management:

Describe how your affiliation with association or organization benefits you and the organization you represent:

Supporting documentation attached: ☐Yes   ☐No

Name of association or organization:

Dates of membership:

Describe how the association or organization relates to emergency preparedness:

Describe how your affiliation with association or organization benefits you and the organization you represent:

Supporting documentation attached: ☐Yes   ☐No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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2. Professional Conferences / Workshops (20 hours required)

Title of conference / workshop:

Date of conference / workshop:

Location of conference / workshop:

Description of benefits derived from attendance:

Conference / workshop credit hours: ___ hours

Supporting documentation attached: ☐ Yes ☐ No

Title of conference / workshop:

Date of conference / workshop:

Location of conference / workshop:

Description of benefits derived from attendance:

Conference / workshop credit hours: ___ hours

Supporting documentation attached: ☐ Yes ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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3. Service Role

Committee / task force / board / project title:

Time frame/length of service:

Sponsoring organization (be specific):

Description of charge / assignment:

Description of your role / contribution:

Description of product / contribution to the emergency management field:

Name and phone number of person who can verify service role:

Supporting documentation attached: ☐ Yes ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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4. Leadership Role

Committee / task force / board / project title:

Leadership position held:

Time frame/length of service:

Sponsoring organization (be specific):

Description of charge / assignment:

Description of your role / contribution:

Description of product / contribution to the emergency management field:

Name and phone number of person who can verify service role:

Supporting documentation attached:　　☐ Yes　　☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

5. Special Assignment

Time frame/length of service:

Committee/task force title:

Sponsoring organization (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Name and phone number of person who can verify special assignment:

Supporting documentation attached: ☐ Yes ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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6. Speaking Engagement (3 required)

Speaking Engagement / Presentation #1

Date of activity:

Location of activity:

Sponsoring organization:

Description of engagement:

Topic of presentation:

Length of speaking engagement: _____ minutes

Name and phone number of person who can verify speaking engagement:

Supporting documentation attached: ☐Yes   ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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6. Speaking Engagement (Continued)

Speaking Engagement / Presentation #2

Date of activity:

Location of activity:

Sponsoring organization:

Description of engagement:

Topic of presentation:

Length of speaking engagement: _____ minutes

Name and phone number of person who can verify speaking engagement:

Supporting documentation attached: ☐Yes   ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

6. Speaking Engagement (Continued)

Speaking Engagement / Presentation #3

Date of activity:

Location of activity:

Sponsoring organization:

Description of engagement:

Topic of presentation:

Length of speaking engagement: _____ minutes

Name and phone number of person who can verify speaking engagement:

Supporting documentation attached: ☐Yes   ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

7. Teaching or Instructing (Minimum of 3 Cumulative Hours)

Date of activity:

Location of activity:

Sponsoring organization:

Name of course or topic of instruction:

Description of teaching or instruction:

Length of teaching or instruction: _____ hours

Name and phone number of person who can verify teaching or instruction commitment:

Supporting documentation attached: ☐ Yes   ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

8. Course Development (Equal To or Exceeding 3 Hours)

Name of course developed or revised:

Description of your role / contribution:

Description of product/contribution to the emergency management field:

Amount of time involved in the course development: _____ hours

Name and phone number of person who can verify your contributions to this course development or revision:

Supporting documentation attached: ☐ Yes   ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

9. Publications (One Major Publication or Minimum of 3 Newsletter Type Contributions)

Title of article and brief description of content:

Journal/Magazine/Newsletter:

Publication date:

Supporting documentation attached: ☐ Yes ☐ No

Title of article and brief description of content:

Journal/Magazine/Newsletter:

Publication date:

Supporting documentation attached: ☐ Yes ☐ No

Title of article and brief description of content:

Journal/Magazine/Newsletter:

Publication date:

Supporting documentation attached: ☐ Yes ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

10. Audio-Visual and Interactive Products

Title of project:

Date of implementation:

Sponsoring organizations (be specific):

Description of product:

Description of its significant contribution(s) to the emergency management field (include references to product audience):

Supporting documentation attached: ☐ Yes   ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

11. Awards or Recognition

Date of award/special recognition:

Title of award / special recognition:

Sponsoring organization:

Describe the award / special recognition and your role and contribution which led to your selection as the recipient (be specific):

Supporting documentation attached:　　☐ Yes　　☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

12. Legislative Contact

Date of correspondence with legislative contact:

Name and position held by legislative contact:

Purpose for contact with legislative representative:

Describe relevance of correspondence to disaster / emergency management:

Supporting documentation attached: ☐ Yes ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

13. Conducting Research

Title of research:

Description of research conducted:

Purpose for conducting research:

Describe relevance of research efforts to disaster / emergency management:

Supporting documentation attached: ☐ Yes   ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

14. Other (Must be pre-approved by the Certification Committee)

Title of other contribution to be considered:

Description of the contribution:

Describe relevance of research efforts to disaster / emergency management:

Name sponsoring organization (if applicable):

Supporting documentation attached: ☐ Yes ☐ No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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Training

Summary of Emergency Management Training Hours (70 Hours required)

Title of Training Course	Course # (If Applicable)	Total Hours Proposed by Applicant	Total Hours Allowable (For Reviewers)
Totals:		Hrs.	Hrs.

A maximum of 20 hours in any one course subject will be accepted per documented training.

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

Application for Certification

UEMA
Utah Emergency Management Association

Training

Summary of General Management Training Hours (30 Hours required)

Title of Training Course	Course # (If Applicable)	Total Hours Proposed by Applicant	Total Hours Allowable (For Reviewers)
Totals:		Hrs.	Hrs.

A maximum of 20 hours in any one course subject will be accepted per documented training.

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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Required Training Checklist

FEMA's Professional Development Series (61 Hours)

	Course Number	Course Title
Y ☐ N ☐	IS-120.a	An Introduction to Exercises (5 Hours – EM.)
Y ☐ N ☐	IS-230.b	Fundamentals of Emergency Management (10 Hours – EM or GM)
Y ☐ N ☐	IS 235.b	Emergency Planning (10 Hours - EM)
Y ☐ N ☐	IS-240.a	Leadership & Influence (10 Hours - GM)
Y ☐ N ☐	IS-241.a	Decision Making and Problem Solving (8 Hours - GM)
Y ☐ N ☐	IS-242.a	Effective Communication (8 Hours - GM)
Y ☐ N ☐	IS-244.a	Developing and Managing Volunteers (10 Hours – EM or GM)

National Incident Management System (NIMS) Compliance Series (25 Hours)

	Course Number	Course Title
Y ☐ N ☐	IS-100	An Introduction to the Incident Command System (3 Hours - EM)
Y ☐ N ☐	IS-200	ICS for Single Resources & Initial Action Incidents (3 Hours – EM)
Y ☐ N ☐	IS-700	An Introduction to the National Incident Management System (3 Hours – EM)
Y ☐ N ☐	IS-701	Multiagency Coordination System (5 Hours – EM)
Y ☐ N ☐	IS-702	NIMS Public Information Systems (3 Hours – EM)
Y ☐ N ☐	IS-703	NIMS Resource Management (3 Hours – EM)
Y ☐ N ☐	IS-706	An Introduction to NIMS Intrastate Mutual Aid (2 Hours – EM)
Y ☐ N ☐	IS-800	An Introduction to the National Response Plan (3 Hours – EM)

* EM = Emergency Management Training / GM – General Management Training

**Requirement details outlined in *Application Guidelines* document

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Training Submission Form

(Duplicate form as necessary) (Required for all non-FEMA and non-Utah DEM training)

Please Indicate Type of Training:

☐ General Management
☐ Emergency Management

Training Title:

Course Number (if applicable):

Training Source:

Training Date:

Training Length (in hours):

Training content summary (You may attach a copy of the catalog or other printed description of the course or a syllabus):

Describe practical applications of training opportunities as you have utilized those learning principles:

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Disaster/Exercise Experience - Participation

☐Disaster Experience   ☐Exercise Experience

Name of Disaster/Exercise:

Location:

Date/duration of disaster or exercise:

Describe the disaster or exercise (be specific):

Describe your role/position (be specific):

Describe what you have learned through your participation (be specific):

Documentation Attached: ☐Yes   ☐No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document

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Planning – Emergency Operations Plan (EOP)

Name of Emergency Operations Plan:

Date(s) of your involvement in developing, reviewing, and updating the EOP:

Describe your involvement in developing, reviewing, and updating the EOP:

Describe any significant updates that were made to the plan as a result of your contributions:

Documentation Attached: ☐Yes ☐No

*Use additional pages, if necessary

**Requirement details outlined in *Application Guidelines* document