



# Application for Certification

*Please read the Application Guidelines before completing this form*



# Utah Emergency Management Professional Certification Program



## Application for the Utah Certified Emergency Manager (UCEM) 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](mailto:UtahCEM@utah.gov)**

Disclaimer: The Utah Division of Emergency Management (Utah DEM) and the Utah Emergency Management Association (UEMA) are not establishing standards governing the conduct of any emergency managers, nor are they establishing any set procedures for work performance. The certification program is designated to establish educational, training, and experience criteria relevant to emergency management in the state of Utah and to certify that an individual has met the identified criteria.



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## 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: \_\_\_\_\_

In addition, if the Review Committee does not find this application to meet the requirements for the Utah Certified Emergency Manager (UCEM) designation, but it does meet the Utah Associate Emergency Manager (UAEM) application requirements, I agree to accept the lesser designation. \_\_\_\_\_ (initial)



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## Work History / Experience (3 years 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

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## Education

### High School Diploma or GED

Name of High School or Sponsoring Institution for GED Program:

Address:

City:

State:

Zip:

Year High School Diploma or GED Received:

And / Or

### College/University Diploma(s)

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:

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## References (3 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: \_\_\_\_\_

### REFERENCE #3: Additional Reference

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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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. **Five (5) Professional Contributions are required** for the Utah Certified Emergency Manager designation.

Number	Contribution Submitted	Name of Contribution	Description of Contribution
1	<input type="checkbox"/>	Professional Membership	Active membership for 2 years in an emergency management-related organization.
2	<input type="checkbox"/>	Professional Conference	Participation in disaster / emergency management related workshops / conferences. (20 Cumulative Hours)
3	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Speaking	Participate in a minimum of 3 presentations or panels speaking about disaster / emergency management related subject matter.
7	<input type="checkbox"/>	Teaching / Instructing	Complete a formal teaching or instructing commitment related to disaster / emergency management. Minimum of 3 cumulative hours.
8	<input type="checkbox"/>	Course Development	Significantly contribute to the development or extensive revision of an emergency management training course, which equals or exceeds 3 hours.
9	<input type="checkbox"/>	Publications	Publication of an emergency management article, research project, or instructional pamphlet.
10	<input type="checkbox"/>	Audio-Visual and Interactive	Develop an audio, audio-visual, or computer software application relative to emergency management.
11	<input type="checkbox"/>	Awards or Special Recognition	Receive an award for disaster / emergency management related activities.
12	<input type="checkbox"/>	Legislative Contact	Contact an elected official at the national or state level regarding an emergency management issue.
13	<input type="checkbox"/>	Conducting Research	Play a significant role in the development and execution of an emergency management related research project.
14	<input type="checkbox"/>	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.



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## 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

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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

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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

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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

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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

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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

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## 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

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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

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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

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## 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

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## 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

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## 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

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## 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

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Title of article and brief description of content:

Journal/Magazine/Newsletter:

Publication date:

Supporting documentation attached:  Yes  No

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Title of article and brief description of content:

Journal/Magazine/Newsletter:

Publication date:

Supporting documentation attached:  Yes  No

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## 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

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## 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

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## 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

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## 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

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## 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

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## Training

Summary of Emergency Management Training Hours (75 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

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## Required Training Checklist

### FEMA's Professional Development Series (61 Hours)

	Course Number	Course Title
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-120.a	An Introduction to Exercises (5 Hours – EM.)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-230.b	Fundamentals of Emergency Management (10 Hours – EM or GM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS 235.b	Emergency Planning (10 Hours - EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-240.a	Leadership & Influence (10 Hours - GM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-241.a	Decision Making and Problem Solving (8 Hours - GM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-242.a	Effective Communication (8 Hours - GM)
Y <input type="checkbox"/> N <input type="checkbox"/>	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 <input type="checkbox"/> N <input type="checkbox"/>	IS-100	An Introduction to the Incident Command System (3 Hours - EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-200	ICS for Single Resources & Initial Action Incidents (3 Hours – EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-700	An Introduction to the National Incident Management System (3 Hours – EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-701	Multiagency Coordination System (5 Hours – EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-702	NIMS Public Information Systems (3 Hours – EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-703	NIMS Resource Management (3 Hours – EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-706	An Introduction to NIMS Intrastate Mutual Aid (2 Hours – EM)
Y <input type="checkbox"/> N <input type="checkbox"/>	IS-800	An Introduction to the National Response Plan (3 Hours – EM)

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

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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

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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

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## Planning – Additional Plan Involvement

Name of Plan:

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

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

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