

# NEW MEXICO EMERGENCY MANAGEMENT CERTIFICATION PROGRAM

## Introduction:

The certification program for Emergency Management in New Mexico is designed to provide a method of professional certification for Emergency Management Personnel. The impetus for certification is directed toward increasing visibility and the professional scope of emergency management coordination throughout New Mexico. It is also designed to provide a tool by which persons occupying emergency management positions can be evaluated.

The New Mexico Emergency Management Certification Program is not mandated by Local, State or Federal Policy. The program is managed by the New Mexico Emergency Management Association (NMEMA). To pursue certification is encouraged, but strictly voluntary, and is in no way tied to NMEMA membership. NMEMA is not establishing standards governing the conduct of any emergency management employee. No set procedures are established for work performance.

## Criteria For Certification

### A. INITIAL CERTIFICATION:

1. Application  
An application request must be submitted to NMEMA for initial certification approval. (**Attachment 1**)
2. Formal Education  
At least a High School Diploma or equivalent.
3. Experience
  - a) General: At least three (3) years of emergency experience (can be a combination of EM, fire, EMS, law enforcement, military, disaster preparation, etc.) or at least 18 months as an Emergency Management Professional.
  - b) Specific: Within the experience outlined above, one of the following specific experience is required:
    - (1) Planning: The candidate must have been responsible for or a major participant in the creation or update of an Emergency Operation Plan or Hazardous Materials Emergency Plan/Annex within the past 5 years.
    - (2) Exercise: The candidate must have been responsible for or a major participant in at least one functional or full-scale exercise.
    - (3) Response: Must have been part of the response to an actual disaster or major incident.
4. Position Description  
An applicant must submit a copy of their CURRENT position description. If a current position description does not exist, or if a copy needed from a previous job is unavailable, the candidate should so state in a brief cover letter signed by the candidate, attached to a signed letter/statement from the current (or past) supervisor that states that (1) a position description does not exist, has been changed, or is unavailable, and (2) outlines (a) the emergency management functions performed by the candidate, (b) the dates

of this service, and the approximate amount of time spent in emergency management duties. (**Attachment 2**)

5. References

Each candidate must submit the names of three references, and information on their reference sources as requested below. NOTE: candidates are encouraged to inform references that they have been listed. Committee Members, at their discretion, may call references to verify information.

- a) The first reference must be your current supervisor. This will be the person responsible for initiating your annual performance or job evaluation or rating, and must be one of the raters. If your supervisor is not a rater or evaluator, then your immediate rater or evaluator must be included as one of the other two references.
- b) Other reference sources who qualify are:
  - (1) A past supervisor (within 7 years)
  - (2) Local, state or federal government officials or department heads
  - (3) Emergency service organization officials (e.g., public, private, military, tribal, etc.)
  - (4) Local, regional or national emergency management association officials
  - (5) Others (by request to and approval of the Certification Committee)
- c) Reference sources who do not qualify are:
  - (1) State Regional Coordinator
  - (2) State Training Officer
  - (3) A subordinate
  - (4) A former student
  - (5) Friends, relatives or neighbors

6. Professional Education/Training (**Attachment 3**):

- a) All specified training must meet the following:
  - (1) Applicant must have completed the Professional Development Series
  - (2) IS100, IS200, IS700, IS800
  - (3) Fifty (50) hours of classroom emergency management courses. No more than twenty four (24) hours credit for any single course.

7. Professional Contributions:

The applicant shall submit at least three (3) of the ten (10) professional contribution categories. All submissions must contribute to and support the field of Emergency Management, and must be beyond the scope of your normal job responsibilities.

- a) Volunteer service on the Board of Directors, on a board, committee, task force, or a special project for a professional, emergency management or a jurisdictional organization supporting emergency management.
- b) Officer role, chairmanship or leadership position on the Board of Directors, on a board, committee, task force, or a special project for a professional, emergency management or a jurisdictional organization contributing to or supporting emergency management.
- c) Special assignment on an emergency management committee or task force.
- d) Speaking: Any presentation or panel participation relating to emergency management.
- e) Teaching or Instructing: Any teaching or instructing commitment relating

- to emergency management.
- f) Publication of an emergency management article, research project, or instructional pamphlet.
  - g) Audio-visual and interactive products. Production and distribution of an emergency management video, computer software product or other audio-visual tool.
  - h) Awards or special recognition within the emergency management community or in conjunction with an emergency management activity.
  - i) Legislative Contact: With a State Representative or Senator about an emergency management issue; the contact must receive a written reply.
  - j) Other; by request and approval of the Certification Committee: Such as membership in EM-related professional organization, attendance at EM educational meetings, participation in NMCEM field test, participation in invitation-only conferences and workshops, or service on EMI Board of Visitors.

## **B. RE-CERTIFICATION:**

1. Required every two years from date of certification.
2. The applicant must have completed at least thirty (30) hours of emergency management classroom training during the 24 months. Not more than 25 hours of which may be from a single course.
3. The applicant must have conducted or been a major participant in emergency management for continued experience (as specified in A.3.b) during the 24 months preceding the date of re-certification.
4. The applicant must show continued professional contributions (as specified in A.7) during the 24 months preceding the date of re-certification.
5. Any previously certified applicant who has failed to recertify on time must meet the requirements of initial certification.

## **C. PROCEDURES:**

1. Certification Committee:
  - a) Shall be the New Mexico Certified Emergency Manager Committee (hereinafter referred to as "The Committee") composed of five (5) members. At least 3 of 5 must be state or nationally certified emergency managers.
  - b) Committee members shall be appointed by the NMEMA President. At least one committee member shall be employed by the State of New Mexico.
  - c) The Committee shall elect among themselves the following officers: chair, vice-chair, and recorder.
  - d) The Committee shall meet at the call of the chairman or at least annually to act on any committee business. Three members of the committee shall constitute a quorum for conducting business, however, decisions shall require a majority vote of the full committee (i.e. 3 votes).
  - e) It shall be the responsibility of the committee to receive, review and approve all applications for certification/recertification, using this document and where appropriate, their professional judgment. Additionally, the committee shall, with the advice and consent of the NMEMA leadership make such changes in these guidelines as may be necessary.

2. Applications:

- a) Applications for certification shall be sent to the NMCEM Committee Chair 30 days prior to the annual conference using the format outlined in **Attachment 1** in adherence to the following guidance: The Committee Chair will acknowledge receipt of NMCEM application form. The committee shall review and make a decision on an application at their next scheduled meeting. The applicant shall be notified at the NMEMA Annual Conference of the Committee's decision. The chief elected official of the applicant's jurisdiction will receive a letter informing them of the candidate's achievement as a new NMCEM.
- b) Applications for recertification shall be sent to the NMCEM Chair using the format contained in **Attachment 1**. The committee shall follow the same procedures for recertification as outlined in (a) above with the exception that a sticker with the year of recertification shall be given to the applicant and be affixed to the initial certification.
- c) A non-refundable fee of \$50.00 for certification and \$20.00 for recertification shall accompany each application.
- d) Each application must be bound and tabbed with each item meeting a requirement clearly marked (i.e. 3.B.2 Experience or 7.E.Teaching).

**APPLICATION FORM  
NEW MEXICO EMERGENCY MANAGEMENT ASSOCIATION  
EMERGENCY MANAGEMENT CERTIFICATION PROGRAM**

<b>INITIAL:</b> _____	<b>BIENNIAL:</b> _____	<b>Date:</b> _____
<b>X APPLICANT INFORMATION:</b>		
NAME: _____		
MAILING ADDRESS: _____		
PHONE: ( _____ ) _____ FAX: ( _____ ) _____		

<b>X FORMAL EDUCATION:</b> (Note: Attach Copy)
HIGH SCHOOL/GED: _____
YEAR GRADUATED: _____ # OF YRS BEYOND H.S. _____

<b>X EXPERIENCE:</b> (Note: Attach Copy of Current Job Description.)
CURRENT POSITION: _____
CURRENT JURISDICTION: _____
NO. OF YEARS/MONTHS IN CURRENT POSITION: _____
<b>X OTHER PREVIOUS EXPERIENCE:</b> (Needed to meet the 3 year or 18 month requirement)
POSITION: _____ ORGANIZATION: _____ DATES: _____

<b>X SPECIFIC EXPERIENCE:</b> (Attach documentation to support your specific claim in planning, exercise or actual emergency response)
_____
_____
_____
_____
_____

**ATTACHMENT 1 (Page 2 of 2 Pages)**

**X REFERENCES :**

1. CURRENT SUPERVISOR/TITLE \_\_\_\_\_  
ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

2. REFERENCE NAME/TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

3. REFERENCE NAME/TITLE \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

PHONE/FAX \_\_\_\_\_

**X EDUCATION/TRAINING:**

Fill out **Attachment 3** and append to your application. Complete **Attachment 5** if necessary to meet minimum requirement.

**X PROFESSIONAL CONTRIBUTION :**

Attach documentation to support your contribution to the profession in a minimum of the three (3) of the ten (10) areas identified in A.7. All submissions must contribute to and support the field of Emergency Management, and must be beyond the scope of your normal job responsibilities.

I understand that certification is subject to the NMEMA Certification Committee approval, and if granted, is current for a 2 year period. I will execute the necessary documents and supply further information as determined by the committee. I understand that any false statements or misrepresentation I make in the course of these proceedings may result in the revocation of this application. I give permission for verification of any information contained in the Package.

Candidate's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT 2**

**POSITION DESCRIPTION AND EXPERIENCE**

Applicant must submit a copy of his/her **CURRENT** position description. If a current position description does not exist, or if a copy needed from a previous job is unavailable, the candidate should so state in a brief cover letter signed by the candidate, attached to a signed letter/statement from the current (or past) supervisor that states that (1) a position description does not exist, has been changed, or is unavailable, and (2) outlines (a) the emergency management functions performed by the candidate, (b) the dates of this service, and the approximate amount of time spent in emergency management duties.

**IA. WORK HISTORY**

			(Put "yes" or "no" to indicate whether these items are attached)	
Period Covered:	Jurisdiction / Company / Organization:	Title:	Position Description	Supervisor Statement

**ATTACHMENT 3**

**PROFESSIONAL EDUCATION/TRAINING REQUIREMENTS:**

Provide a copy of your completion certificate for each course.X

**COURSE**

**DATE COMPLETED**

- 1. IS230 Principles of Emergency Management \_\_\_\_\_
- 2. IS235 Emergency Planning \_\_\_\_\_
- 3. IS242 Effective Communication \_\_\_\_\_
- 4. IS241 Decision Making and Problem Solving \_\_\_\_\_
- 5. IS240 Leadership and Influence \_\_\_\_\_
- 6. IS244 Developing and Managing Volunteers \_\_\_\_\_
- 7. IS139 Exercise Design \_\_\_\_\_
- 8. IS-100 Introduction to ICS \_\_\_\_\_
- 9. IS- 200 ICS for Single Resources, Initial Action Incidents \_\_\_\_\_
- 10. IS- 700 NIMS an Introduction \_\_\_\_\_
- 11. IS-800 The NRP an Introduction \_\_\_\_\_

Other Courses to meet required Classroom Hours

- 12. \_\_\_\_\_
- 13 \_\_\_\_\_
- 14, \_\_\_\_\_
- 15. \_\_\_\_\_
- 16. \_\_\_\_\_

Please attach Attachment 4 for any Non-FEMA courses.





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