



NEW MEXICO CERTIFIED EMERGENCY MANAGER (NMCEM) PROGRAM

“Place Your Name Here”

Application For: “Initial Certification” or “Re-Certification”
(Note: Delete the one that doesn't apply).

“Place Your Contact Information here”

Address:

Phone

Fax:

E-mail:

HOW TO USE THIS DOCUMENT

Please refer to the New Mexico Certified Emergency Manager (NMCEM) Application Instruction document. This document may be found on the New Mexico Emergency Management Association (NMEMA) website. Please read and follow all instructions before attempting to fill out your application.

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TAB – 1 Application:

Application New Mexico Certified Emergency Manager (NMCEM)

Date of Application:	
Initial Certification:	<input type="checkbox"/>
Recertification:	<input type="checkbox"/>

Applicant Information

Name:	
Mailing Address:	
Phone:	
Fax:	
Email:	

Formal Education

(Note: Attach a copy of Diploma or Degree)

High School/GED:		Year Graduated:	
# of Years Beyond H.S.			

Position Description, Experience and Work History

(Note: Attach a copy of your CURRENT Job Description)

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.

**(Note: List your current position first)
(Need to meet the 3 year or 18 month requirement)**

(Put "YES or NO to indicate whether these items are attached)

Position	Jurisdiction / Company / Organization	Number of Years in Position	Period Covered	Position Description	Supervisor Statement

References:

(Notes: your first reference must be you current supervisor).

1. Reference	
Current Supervisor/Title:	
Organization:	
Address:	
City/St/Zip	
Phone/Fax/Email	
2. Reference	
Reference Name/Title:	
Organization:	
Address:	
City/St/Zip	
Phone/Fax/Email	
3. Reference	
Reference Name/Title:	
Organization:	
Address:	
City/St/Zip	
Phone/Fax/Email	

Tab – 2: General and Specific Experience

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GENERAL AND SPECIFIC EXPERIENCE: (Note: Type a description of the experience and Attach documentation to support your specific claim in planning, exercise or actual emergency response)	
Tab – 2.a. GENERAL EXPERIENCE:	
Tab – 2.b. SPECIFIC EXPERIENCE:	
Tab – 2.b.1 Planning: (Note: Attach supporting documentation)	
Tab – 2.b.2 Exercise: (Note: Attach supporting documentation)	
Tab – 2.b.3 Response: (Note: Attach supporting documentation)	

Tab - 2.a

General Experience

(Note: Please describe general experience below)

List supporting documentation below and attach.

Tab – 2.b.1

Specific Experience: Planning

(Note: Please describe experience below)

List supporting documentation below and attach.

Tab – 2.b.2

Specific Experience: Exercise
(Note: Please describe experience below)

List supporting documentation below and attach.

Tab – 2.b.3

Specific Experience: Response

(Note: Please describe experience below)

List supporting documentation below and attach.

Tab – 3: Training

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<ul style="list-style-type: none"> - Initial certification must have all courses listed in Section – A. - Attach all Training certificates.. - If you are applying for recertification go straight to Section B and C 			
<u>Section – A</u> <u>Independent Study (IS) Courses</u>	Check <input checked="" type="checkbox"/>	Date Completed	Hours
Professional Development Series (PDS) Certificate			
Independent Study (IS) Course – 100			
Independent Study (IS) Course – 200			
Independent Study (IS) Course – 700			
Independent Study (IS) Course – 701			
Independent Study (IS) Course – 702			
Independent Study (IS) Course – 703			
Independent Study (IS) Course – 704			
Independent Study (IS) Course – 706			
Independent Study (IS) Course – 800			
<u>Section – B</u> <u>Classroom Courses</u>	Place Check <input checked="" type="checkbox"/>	Date Completed	Hours
<ul style="list-style-type: none"> - Initial Certification must have 50 hours of classroom hours. - Recertification must have 42 hours of classroom hours. - 3 or more subject areas. - (Note: please fill out and attach "Other Course Submission Form" if necessary to meet the minimum requirement.) 			
ICS Classroom Course 300			
ICS Classroom Course 400			

<p><u>Section – C</u></p> <p><u>Other Independent Study (IS) Courses</u></p> <ul style="list-style-type: none"> - Recertification must have 8 hours of IS courses. - (Note: please fill out and attach “Other Course Submission Form” if necessary to meet minimum requirement.) 	<p>Place Check <input checked="" type="checkbox"/></p>	<p>Date Completed</p>	<p>Hours</p>

OTHER COURSE SUBMISSION FORM

August 2012

Form notes:

Attach to this form for any Non-FEMA courses with a certificate of completion from the institution that conducted the training.

The certificate must show the number of classroom hours.

There should be one of these forms for each submission

A)	Course title and number (number where applicable):	
B)	Course source:	
C)	Course date:	
D)	Course length (in hours):	
E)	Course content summary (You may instead attach a copy of the catalog or other printed description of the course or a syllabus):	
E)	Course content summary (You may instead attach a copy of the catalog or other printed description of the course or a syllabus):	
F)	Describe practical applications of training opportunities as you have utilized those learning principles:	

Tab – 4: Professional Contributions

PROFESSIONAL CONTRIBUTION :	
<ul style="list-style-type: none"> - Attach documentation to support your contribution to the profession in a minimum of the three (3) of the ten (10) areas identified. - All submissions must contribute to and support the field of Emergency Management. - <u>Must be beyond the scope of your normal job responsibilities.</u> - <u>Check the Professional Contribution you are applying to your application</u> 	
Check <input checked="" type="checkbox"/>	Professional Contributions
	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.
	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.
	Special assignment on an emergency management committee or task force.
	Speaking: Any presentation or panel participation relating to emergency management.
<input checked="" type="checkbox"/>	Teaching or Instructing: Any teaching or instructing commitment relating to emergency management.
	Publication of an emergency management article, research project, or instructional pamphlet.
	Audio-visual and interactive products. Production and distribution of an emergency management video, computer software product or other audio-visual tool.
	Awards or special recognition within the emergency management community or in conjunction with an emergency management activity.
	Legislative Contact: With a State Representative or Senator about an emergency management issue; the contact must receive a written reply.
	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.

(Note: out of the 3 professional contributions you have selected you must Tab each one as follows: Tab 4.1, Tab 4.2 and Tab 4.3, etc. you may attach as many as you want.)

Tab – 4.1

Professional Contribution

(Note: Please put in the Professional Contribution you are using below)

Please describe the details of the Profession Contribution below

List supporting documentation below and attach.

Tab – 4.2

Professional Contribution

(Note: Please put in the Professional Contribution you are using below)

Please describe the details of the Profession Contribution below

List supporting documentation below and attach.

Tab – 4.3

Professional Contribution

(Note: Please put in the Professional Contribution you are using below)

Please describe the details of the Profession Contribution below

List supporting documentation below and attach.

Tab – 4.4

Additional Professional Contribution

(Note: Please put in the Professional Contribution you are using below)

Please describe the details of the Profession Contribution below

List supporting documentation below and attach.

Tab – 5: Signature Page

New Mexico Certified Emergency Manager (NMCEM) Signature Page	
Statement of understanding	
<p>I understand that certification is subject to the NMEMA Certification Committee approval, and if granted, is current for a <u>3</u> 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.</p>	
Candidate's Name: (Print Name):	
Candidate's Signature:	
Date of Signature:	