



# **NEW MEXICO CERTIFIED EMERGENCY MANAGER (NMCEM) PROGRAM**

**Name:**

**Application For:    Initial Certification    Recertification**

**Address:**

**Office Phone:**

**Cell Phone:**

**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 Association Emergency Management Professionals (NMAEMP) website. Please read and follow all instructions before attempting to fill out your application.

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# TAB – 1 Application:

<b>Application New Mexico Certified Emergency Manager (NMCEM)</b>			
<b>Date of Application:</b>			
<b>Initial Certification:</b>		<input type="checkbox"/>	
<b>Recertification:</b>		<input type="checkbox"/>	
<b>Applicant Information</b>			
<b>Name:</b>			
<b>Mailing Address:</b>			
<b>Office Phone:</b>			
<b>Cell Phone:</b>			
<b>Email:</b>			
<b>Formal Education</b>			
<b>(Note: Attach a copy of Diploma or Degree)</b>			
<b>Highest Level of Education</b>		<b>Year Graduated:</b>	
<b>Name of Institution</b>			
<b>Position Description, Experience and Work History</b>			
<p>A candidate must demonstrate at least three years full-time equivalent (12 months = 1,920 hours) experience in a comprehensive disaster/emergency management position. 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</p> <ul style="list-style-type: none"> <li>(1) a position description does not exist, has been changed, or is unavailable, and</li> <li>(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.</li> </ul> <p>A candidate need only demonstrate two (2) years' experience with a baccalaureate degree in disaster/emergency management</p> <p><u>Applicant must submit a copy of his/her <b>CURRENT</b> position description</u></p>			

<b>1.</b>	<b>Current Position</b>	<b>Position Description</b>		<b>Supervisor Statement</b>	
<b>Title:</b>					
<b>Organization:</b>					
<b>Periods Covered</b>		To			
<b>Number of Years</b>					
<b>Duties related to comprehensive disaster/emergency management</b>					
<b>2.</b>	<b>Previous Position</b>	<b>Position Description</b>		<b>Supervisor Statement</b>	
<b>Title:</b>					
<b>Organization:</b>					
<b>Periods Covered</b>		To			
<b>Number of Years</b>					
<b>Duties related to comprehensive disaster/emergency management</b>					
<b>3.</b>	<b>Previous Position</b>	<b>Position Description</b>		<b>Supervisor Statement</b>	
<b>Title:</b>					
<b>Organization:</b>					
<b>Periods Covered</b>		To			
<b>Number of Years</b>					
<b>Duties related to comprehensive disaster/emergency management</b>					

4.	Previous Position	Position Description	Supervisor Statement
Title:			
Organization:			
Periods Covered		To	
Number of Years			
Duties related to comprehensive disaster/emergency management			

<b>References:</b>	
(Notes: your first reference must be you current supervisor).	
<b>1.</b>	<b>Reference</b>
Current Supervisor/Title:	
Organization:	
Address:	
Phone	
Email	
<b>2.</b>	<b>Reference</b>
Reference Name/Title:	
Organization:	
Address:	
Phone	
Email	
<b>3.</b>	<b>Reference</b>
Reference Name/Title:	
Organization:	
Address:	
Phone	
Email	

# Tab – 2: General and Specific Experience

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GENERAL AND SPECIFIC EXPERIENCE: 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:	
<p>Tab – 2.b.1 Planning: (Note: Attach supporting documentation)  Candidate must validate participation and role in the development, revision, update or maintenance of an emergency management plan. Examples include Emergency Operations Plan, Hazard Mitigation Plan, Shelter Management Plan, Emergency Action/Response Plan, Continuity of Operation Plan or other similar type of plan. Acceptable documentation includes: Copy of Emergency Plan showing your involvement; a signed statement from supervisor documenting your involvement or roles and responsibilities within the planning process</p>	
<p>Tab – 2.b.2 Exercise: (Note: Attach supporting documentation)  Candidate must validate participation and role in one Operations Based exercise. Acceptable documentation includes: an Exercise Plan, Controller/Evaluator Handbook, After Action Review or immediate supervisor’s letter verifying your position or role and responsibilities within the exercise</p>	
<p>Tab – 2.b.3 Response: (Note: Attach supporting documentation)  Candidate must validate participation and role in actual Disaster/Emergency or Major Public Event. Acceptable documentation includes: Incident Action Plan or After Action Review stating your position or roles and responsibilities within the event; a signed statement from supervisor at the disaster/emergency or major public event documenting your involvement</p>	

Tab – 2.a	
<b>General Experience</b> (Note: Please describe general experience below)	
List supporting documentation below and attach.	



Tab – 2.b.1	
Specific Experience: Planning	
Describe Planning activity. Include the type of plan, agencies or departments involved and scope of plan:	
Describe your role. Be specific about your role in the planning process:	
List supporting documentation below and attach.	

Tab – 2.b.2	
Specific Experience: Exercise	
Date (s) of Exercise	
Describe the exercise(s). Be specific and include objective/purpose	
Describe your role(s). Be specific about planning, coordinating and disaster/emergency management role:	
Describe what you learned through your participation in this exercise(s). Include comments about (1) mitigation, (2) preparedness, (3) response, and (4) recovery in addition to other learning points:	
List supporting documentation below and attach.	

Tab – 2.b.3	
<p>Specific Experience: Response - Disaster/Emergency or Major Public Event          (Note: Please describe experience below)</p>	
<p>Describe activity. Be specific including date, type and area affected, loss of property and lives, and other significant factors:</p>	
<p>Describe your role. Be specific about your role in disaster/emergency management activities, including response and recovery, during the disaster or emergency:</p>	
<p>Describe your recommendations for future mitigation activities that should be undertaken, as they relate to preparedness, response, and recovery, as a result of lessons learned from the disaster or emergency:</p>	
<p>List supporting documentation below and attach.</p>	

# Tab – 3: Training

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Initial certificate candidates must demonstrate successful completion of the Professional Development Series, the Basic National Incident Management System Independent Study Courses and 50 classroom hours of Disaster/Emergency Management training (Sections A & B). The classroom hours should not exceed 25 percent in any one topic/subject area. Recertification candidate's must complete 42 classroom hours of Disaster/Emergency Management Training and 8 hours of On-line Independent Study Courses (Sections B & C).

Training submissions must be within the last ten years. If the training certificate does not include hours, then it is the candidate's responsibility to provide independent verification of training hours for courses they are seeking credit. A candidate should not reflect his/her entire training history, but simply provide ample training listings in the event the review panel might find a submission questionable. Course work applied to the training requirement cannot also be applied to the degree requirement. One full-day of training receives 6-hours credit per day, unless otherwise documented.

For FEMA independent study courses which list a range (i.e. 10-12 hours), the Committee will take the minimum amount of hours as a maximum amount allowed unless the certificate states a different number of hours. A New Mexico Department of Homeland Security and Emergency Management Training Transcript or FEMA Transcript may be submitted in lieu of certificates.

All emergency management training, while it may be in the context of related discipline, must be substantially related to Emergency Management.

- Civil Defense Systems, Programs and Policies
- Criminal Justice/Law Enforcement
- Disaster Preparedness
- Emergency Management Foundations (Four Phases of EM)
- Emergency Medical Training
- Emergency Operations Centers
- Emergency Planning and Crisis Management
- Exercise Courses
- Fire Technology
- Hazard Analysis & Capabilities Assessment
- HazMat Management and Hazards Assessment
- Health, Safety and Environment Management
- Incident Command
- Medical Technology
- Physical Sciences
- Public Information
- Radiological Monitoring, Detecting, etc.
- Safeguards and Security
- Safety Technology
- Shelter Management
- Technology, Equipment and Information Systems
- Training and Instruction
- Urban Search and Rescue

**Section A - Independent Study (IS) Courses**

Course Name	Date Completed
<b>Professional Development Series (PDS) Certificate</b>	
Independent Study Course IS 29	
Independent Study Course IS 100	
Independent Study Course IS 200	
Independent Study Course IS 700	
Independent Study Course IS 703	
Independent Study Course IS 706	
Independent Study Course IS 800	
Independent Study Course IS 2200	

**Section B - Classroom Courses**

Course Number and Name	Topic/Subject area	Date Completed	Hours

**Section C - Other Independent Study (IS) Courses**

<b>Course Number and Name</b>	<b>Date Completed</b>	<b>Hours</b>

<b>Section D OTHER COURSE SUBMISSION FORM</b>		
<p><b>Form notes:</b>          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</p>		
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):	
F)	Describe practical applications of training opportunities as you have utilized those learning principles:	

# Tab – 4: Professional Contributions

<b>PROFESSIONAL CONTRIBUTION :</b>	
<ul style="list-style-type: none"> <li>- Attach documentation to support your contribution to the profession in a minimum of the three (3) of the ten (10) areas identified.</li> <li>- All submissions must contribute to and support the field of Emergency Management.</li> <li>- <b><u>Must be beyond the scope of your normal job responsibilities.</u></b></li> <li>- <b><u>Check the Professional Contribution you are applying to your application</u></b></li> </ul>	
<b>Check</b> <input checked="" type="checkbox"/>	<b>Professional Contributions</b>
<input type="checkbox"/>	1. <b>Volunteer service on a Board of Directors</b> , on a board, committee, task force, or a special project for a professional, emergency management or a jurisdictional organization supporting emergency management.
<input type="checkbox"/>	2. <b>Officer role, chairmanship or leadership position on the Board</b> 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.
<input type="checkbox"/>	3. <b>Special assignment on an emergency management committee or task force.</b>
<input type="checkbox"/>	4. <b>Speaking:</b> Any presentation or panel participation relating to emergency management.
<input type="checkbox"/>	5. <b>Teaching or Instructing:</b> Any teaching or instructing commitment relating to emergency management.
<input type="checkbox"/>	6. <b>Publication</b> of an emergency management article, research project, or instructional pamphlet.
<input type="checkbox"/>	7. <b>Audio-visual and interactive products.</b> Production and distribution of an emergency management video, computer software product or other audio-visual tool.
<input type="checkbox"/>	8. <b>Awards or special recognition</b> within the emergency management community or in conjunction with an emergency management activity.
<input type="checkbox"/>	9. <b>Legislative Contact:</b> With a State Representative or Senator about an emergency management issue; the contact must receive a written reply.
<input type="checkbox"/>	10. <b>Other;</b> 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.)**



<b>Tab – 4.1</b>	
<b>Professional Contribution</b>	
<b>(Note: Please put in the Professional Contribution you are using below)</b>	
<b>Please describe the details of the Profession Contribution below</b>	
<b>List supporting documentation below and attach.</b>	

<b>Tab – 4.2</b>	
<b>Professional Contribution</b> (Note: Please put in the Professional Contribution you are using below)	
<b>Please describe the details of the Profession Contribution below</b>	
<b>List supporting documentation below and attach.</b>	

<b>Tab – 4.3</b>	
<b>Professional Contribution</b>	
<b>(Note: Please put in the Professional Contribution you are using below)</b>	
<b>Please describe the details of the Profession Contribution below</b>	
<b>List supporting documentation below and attach.</b>	

<b>Tab – 4.4</b>	
<b>Professional Contribution</b> (Note: Please put in the Professional Contribution you are using below)	
<b>Please describe the details of the Profession Contribution below</b>	
<b>List supporting documentation below and attach.</b>	

## Tab – 5: Signature Page

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