



Ohio Certified Emergency Manager Application

To apply for the Ohio Certified Emergency Manager (OCEM) Program, applicants should submit a portfolio containing documentation evidencing the minimum requirements and a completed application form to the Emergency Management Association of Ohio. Applicants should not limit their application to the minimum requirements and should submit emergency management teaching experience, publications, awards or special recognitions or other evidence of professional excellence in emergency management.

Applications and application fee must be received by September 1st of the year certification is sought. Applications received without payment will not be considered. Applications will be reviewed by the OCEM Program Board and applicants will be notified of the Board's decision. Awards will be presented during the following year's Annual EMAO Spring Meeting. Certification will be initially awarded for three years and must be renewed every three years thereafter.

Please send application and supporting documentation to:

Emergency Management Association of Ohio
88 East Broad Street, Suite 1305
Columbus, Ohio 43215
(614) 378-2156 office • (614) 448-4766 fax
email: michelle@fitzgibbongroup.com

Application Fee:
EMA Member \$50
Non-Member \$200

Renewal Fee:
EMA Member \$50
Non-Member \$100

Incomplete applications will be sent back to the applicant with a letter detailing missing or incomplete documentation. Applicant can resubmit application one-time within 90 days for reconsideration.

All submissions must be received in a three-ring binder or other professional binder, typed and properly tabbed. If not, your submission will be returned.

Applicant's Contact Information

Name:		
Current Position:	Title:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:		
Years in Current Position:	Years in Disaster/Emergency Management:	

I understand that certification is subject to OCEM Program Board approval, and if granted, is current for a three year period. I will execute the necessary documents, submit a written explanation and supply further information as determined by the Board. I understand that any false statement 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 this application.

Applicant's Signature: _____ (Date)

OCEM Content Checklist:

- Work Experience
- Professional Experience
2 exercises or 2 actual disaster or emergencies
- Education and Training Requirements
- Reference Letters
3 professional reference, 1 must be current supervisor
- Written Products
- Contribution(s) to Field
- Application Fee made payable to: "Emergency Management Association of Ohio"

Work Experience:

Applicant must meet at least one of the qualifications outlined below:

1. Three (3) years full-time emergency management experience in the State of Ohio;
2. Two (2) years full-time emergency management experience in the State of Ohio and an Associate Degree from an accredited university or college;
3. One (1) year full-time emergency management experience in the State of Ohio and Bachelors Degree from an accredited university or college;
4. One (1) year full-time emergency management experience in the State of Ohio and an Associate Degree or higher in Emergency Management from an accredited university or college.

Work Experience

Circle "Yes" or "No" to indicate whether these items are attached

Period Covered	Jurisdiction/Company/ Organization	Title	Position Description		Supervisor	
			Yes	No	Yes	No

Professional Experience:

Applicant must meet at least one of the qualifications outlined below:

1. Participation in two (2) full scale or functional exercises requiring the opening and staffing of an EOC and operations spanning at least a four hour period;
2. Participation in two (2) actual disasters or emergencies requiring the opening and staffing of an EOC and operations spanning at least a four hour period.

PROFESSIONAL EXPERIENCE • EXERCISE PARTICIPATION #1

Date of exercise:

Describe the exercise (be specific and include objective/purpose)

Describe your role (be specific about planning, coordinating, and disaster/emergency management role):

Describe what you learned through your participation in this exercise (include comments about (1) mitigation, (2) preparedness, (3) response, and (4) recovery in addition to other learning points):

PROFESSIONAL EXPERIENCE • EXERCISE PARTICIPATION #2

Date of exercise:

Describe the exercise (be specific and include objective/purpose)

Describe your role (be specific about planning, coordinating, and disaster/emergency management role):

Describe what you learned through your participation in this exercise (include comments about (1) mitigation, (2) preparedness, (3) response, and (4) recovery in addition to other learning points):

**PROFESSIONAL EXPERIENCE • ACTUAL DISASTER/EMERGENCY MANAGEMENT
PARTICIPATION IN DISASTER OR EMERGENCY #1**

Describe activity: (be specific including date, type and area affected, loss of property and lives and other significant factors):

Describe your role (be specific about your role in disaster/emergency management activities, including response and recovery, during the disaster or emergency).

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.

**PROFESSIONAL EXPERIENCE • ACTUAL DISASTER/EMERGENCY MANAGEMENT
PARTICIPATION IN DISASTER OR EMERGENCY IF APPLICABLE #2**

Describe activity: (be specific including date, type and area affected, loss of property and lives and other significant factors):

Describe your role (be specific about your role in disaster/emergency management activities, including response and recovery, during the disaster or emergency).

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.

Education and Training Requirements

Applicant must meet at least one of the qualifications outlined below:

1. High School Diploma or GED and 30 CEUs or 300 contact/classroom hours training in emergency management subjects;
2. Associate Degree in any field and 10 CEUs or 100 contact/classroom hours training in emergency management subjects;
3. Bachelors Degree or higher in any field and 5 CEUs or 50 contact/classroom hours training in emergency management subjects;
4. Associate Degree or higher in Emergency Management or related field.

Education Requirements		
Institution(s)/ City, State	Dates	Degrees

*** Verification by copy of your diploma or an official college transcript must be attached.*

Training Requirements				
	Title of Training Course	Total Hours	Allowable Hours	Date(s) of Training
Subject 1				
Subject 2				
Subject 3				
Subject 4				
TOTALS:				

*** Insert Training Submission Forms in the order they are reported on this form, with documentation behind each submission as they are presented.*

- REPRODUCE THIS FORM AS OFTEN AS NECESSARY-

Training Submission Form

1. Training title and number (number where applicable):
2. Training source:
3. Training date:
4. Training length (in hours):
5. Course description (copy of syllabus or curriculum is acceptable).

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References

Each candidate must submit three reference letters, and compile the information on their references sources as requested below.

The first reference must be your current supervisor. This will be the person responsible for initiating your annual performance or job evaluation or rating.

Other reference sources who qualify:

- A past supervisor (within 7 years)
- Local, state or federal government officials or department heads
- Emergency service organization officials
- Local, regional or national disaster/ emergency management association officials
- Others (by request to and approval of OCEM Board)

Reference sources who do not qualify:

- A subordinate
- A former student
- Friends, relatives, or neighbors

Reference #1 (current supervisor)	
Name/Title	
Organization	
Address	
City, State, Zip	
Phone/ Fax/ Email	
After hours contact phone/ email	

Reference #2	
Name/Title	
Organization	
Address	
City, State, Zip	

Phone/ Fax/ Email	
After hours contact phone/ email	
Reference #3	
Name/Title	
Organization	
Address	
City, State, Zip	
Phone/ Fax/ Email	
After hours contact phone/ email	

Written Product

Applicant must submit a written product consisting of one of the following:

- An essay describing their interpretation of the role of emergency management disaster situations. The essay must be typewritten and a minimum of 500 words and maximum of 1500 words in length.
- An essay describing emergency management response to a disaster scenario that will be provided.
- A training or lesson plan for sixteen (16) hour course on one or more of the four phases of emergency management. The lesson plan may be for classroom delivery or self study and must include visual aids and a method of evaluation.
- A public education presentation or materials for distribution to the public.

Contributions to the Field

Applicant must demonstrate at least one contribution to the field through professional membership in an emergency management relation organization, teaching, published professional articles, etc. Documentation such as a membership card or copy of roster/directory page may be provided.

Organization:
Membership Years:

Organization official who can verify membership (list name and telephone number):