



## Ohio Certified Emergency Manager Renewal

OCEM awardees must renew their certification every three years by submitting the following:

### **Work and Professional Experience**

During the preceding three years:

- Evidence of continuous emergency management experience;
- Participation in one functional or full scale exercise or actual emergency that required the opening and staffing of an EOC and continuous operation for a four hour period.

### **Education and Training Requirements**

During the preceding three years:

- 20 continuing education units (CEU's) or 200 contact hours of continuing education in emergency management related subjects

*Note: The award of an Associate Degree or higher in Emergency Management or related field during the previous three years will satisfy the continuing education requirement*

### **Contributions to the Field**

During the preceding three years:

- One contribution to the field through membership in emergency management related professional organization (e.g. IAEM, etc.), teaching, published professional articles, etc.

Please send application and supporting documentation by December 31<sup>st</sup> of the year prior to your OCEM expiration to:

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

### **Renewal Fee:**

EMA Member \$50

Non-Member \$100

### **Applicant's Contact Information**

<b>Name:</b>		
<b>Current Position:</b>	<b>Title:</b>	
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>Cell Phone:</b>	
<b>Email:</b>		
<b>Alternate Email:</b>		
<b>Years in Current Position:</b>	<b>Years in Disaster/Emergency Management:</b>	

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 and Professional Experience
- Education and Training Requirements
- Contributions to the Field
- Application Fee made payable to: "Emergency Management Association of Ohio"

**Work and Professional Experience:**

During the preceding three years:

- Evidence of continuous emergency management experience;
- Participation in one functional or full scale exercise or actual emergency that required the opening and staffing of an EOC and continuous operation for a four hour period.

			Circle "Yes" or "No" to indicate whether these items are attached	
Period Covered	Jurisdiction/Company/ Organization	Title	Position Description	Supervisor
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No
			Yes No	Yes No

## Education and Training Requirements

During the preceding three years:

- 20 continuing education units (CEU's) or 200 contact hours of continuing education in emergency management related subjects

*Note: The award of an Associate Degree or higher in Emergency Management or related field during the previous three years will satisfy the continuing education requirement*

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				
<b>TOTALS:</b>				

*\*\* 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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**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.

<b>Organization:</b>
<b>Membership Years:</b>
<b>Organization official who can verify membership (list name and telephone number):</b>