



Ohio Certified Emergency Manager Application

Applicant's Contact Information

Name:		
Current Position/Title:		
Address:		
City:	State:	Zip:
Work Phone:	Cell Phone:	
Email:		
Alternate 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)

Work Experience

Check "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

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

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	

Contributions to the Field

Applicant must demonstrate at least one contribution to the field through professional membership in an emergency management related 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):