



**IOWA CERTIFIED EMERGENCY
MANAGEMENT (IACEM) PROGRAM
New Certification Application Form**

Date of Application: _____

Applicant Information

Name (as to appear on certificate): _____

Mailing address: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

Email address: _____

Formal Education

High School or Equivalent: _____

Year Graduated: _____ No. of Yrs. Beyond H.S.: _____

Emergency Experience

Current EM Position: _____

Current Jurisdiction/Organization: _____

Number of Years/Months in Current Position: _____

Other Previous Emergency Services Experience

Position	Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Planning Experience

(Give jurisdiction, dates and your participation in most recent Emergency Operations Plan planning effort)

Exercise Experience

Jurisdiction/Organization	Date	Type of Exercise	Your Role
<hr/>	<hr/>	<hr/>	<hr/>
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Professional Education/Training

(Include copies of certificates of completion with application)

FEMA Independent Study Courses (10)

Date Completed

- | | |
|--|-------|
| <input type="checkbox"/> Emergency Manager: An Orientation to the Position (IS-1) | <hr/> |
| <input type="checkbox"/> Radiological Emergency Management (IS-3) | <hr/> |
| <input type="checkbox"/> An Introduction to Hazardous Materials (IS-5A) | <hr/> |
| <input type="checkbox"/> Are you Ready? Guide to Citizen Preparedness (IS-22) | <hr/> |
| <input type="checkbox"/> Introduction to Incident Command System (IS-100.b) | <hr/> |
| <input type="checkbox"/> ICS for Single Resources and Initial Action Incidents (IS-200.a) | <hr/> |
| <input type="checkbox"/> Emergency Operations Center (EOC) Management and Operations (IS-775) | <hr/> |
| <input type="checkbox"/> An Introduction to Hazard Mitigation (IS-393.a) | <hr/> |
| <input type="checkbox"/> Introduction to Individual Assistance (IA) (IS-403) | <hr/> |
| <input type="checkbox"/> The Professional in Emergency Management (IS-513)
(if completed prior to July 2007) OR
Emergency Management Program Development Course
(provided by IEMA and HSEMD - classroom only) | <hr/> |

FEMA Professional Development Series (PDS) of Courses (7)

Date Completed

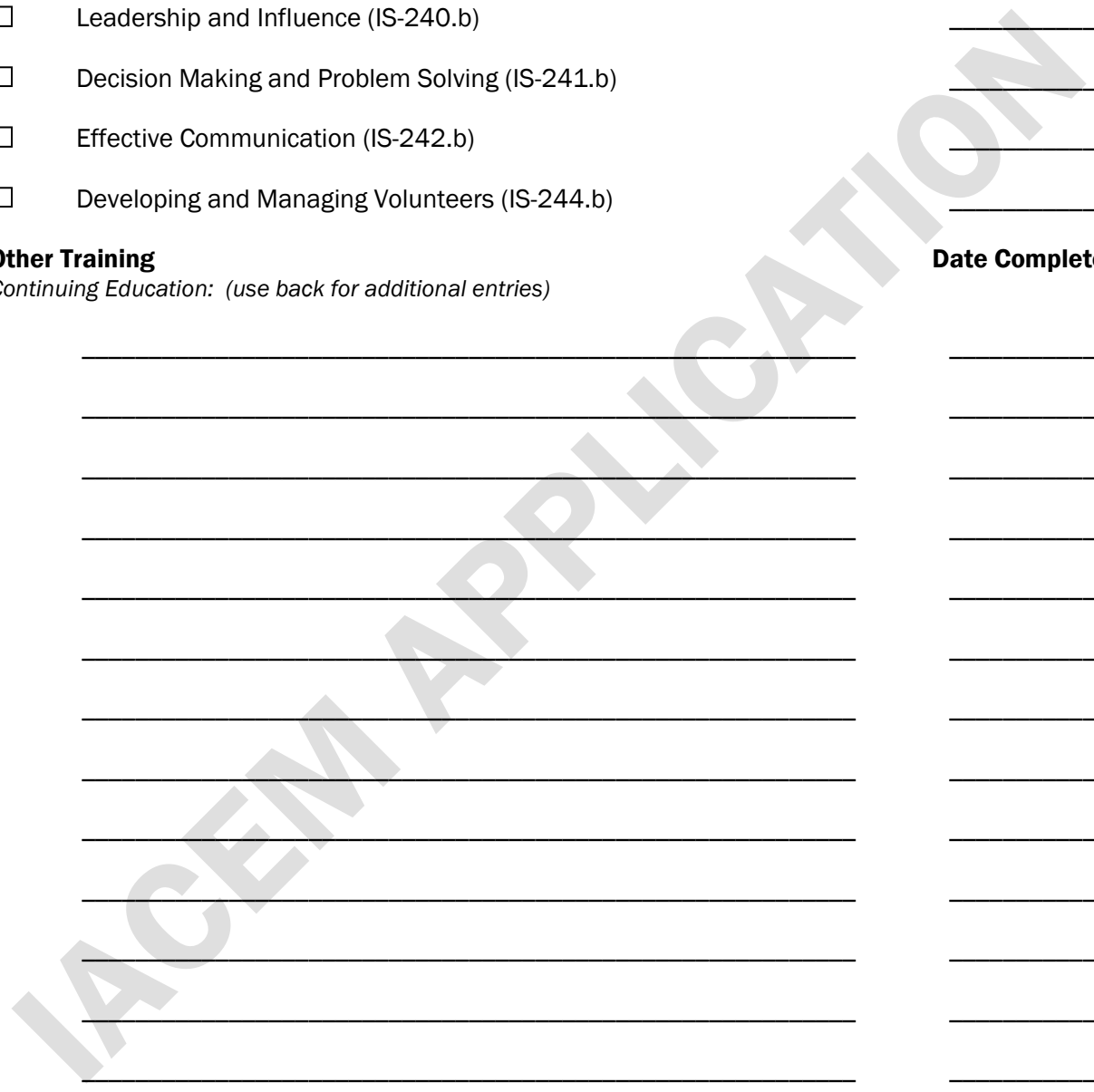
- An Introduction to Exercises (IS-120.a) _____
- Fundamentals of Emergency Management (IS-230.d) _____
- Emergency Planning (IS-235.b) _____
- Leadership and Influence (IS-240.b) _____
- Decision Making and Problem Solving (IS-241.b) _____
- Effective Communication (IS-242.b) _____
- Developing and Managing Volunteers (IS-244.b) _____

Other Training

Date Completed

Continuing Education: (use back for additional entries)

_____	_____
_____	_____
_____	_____
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_____	_____



Mailing of Certificate

Who do you want your certificate mailed to? The Applicant
 My Supervisor (list name & address below)

Name and Title: _____

Address: _____

Non-Emergency Management Coordinator Applicants

Applicants who are not local Emergency Management Coordinators must have their local Emergency Management Coordinator complete the section below and sign-off on the application.

Visit www.iowaema.com to find out who your local Emergency Management Coordinator is.

Name and Title _____

Address _____

Signature _____

Initial Certification Fee

For IEMA Members the fee is \$25.00. For Non-Members the fee is \$125.00.

For membership options, visit www.iowaema.com.

Check/warrant number _____

Check/warrant date _____

Check/warrant amount \$ _____

E-Mail Applications and All Supporting Documentation to:

Iowa Emergency Management Association Secretary
secretary@iowaema.com

For IEMA Use only:

Date received _____

Date reviewed by committee _____

Date decision letter mailed _____