



**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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PROFESSIONAL EDUCATION/TRAINING

### FEMA Independent Study Courses

\* Professional Development Series

		Date Completed
<input type="checkbox"/>	IS-3 Radiological Emergency Management	_____
<input type="checkbox"/>	IS-5.a An Introduction to Hazardous Materials	_____
<input type="checkbox"/>	IS-100.b Introduction to Incident Command System	_____
<input type="checkbox"/>	IS-120.a* An Introduction to Exercises	_____
<input type="checkbox"/>	IS-200.b ICS for Single Resources and Initial Action Incidents	_____
<input type="checkbox"/>	IS-230.d* Fundamentals of Emergency Management	_____
<input type="checkbox"/>	IS-235.c* Emergency Planning	_____
<input type="checkbox"/>	IS-240.b* Leadership & Influence	_____
<input type="checkbox"/>	IS-241.b* Decision Making and Problem Solving	_____
<input type="checkbox"/>	IS-242.b* Effective Communication	_____
<input type="checkbox"/>	IS-244.b* Developing and Managing Volunteers	_____
<input type="checkbox"/>	IS-393.a Introduction to Hazard Mitigation	_____

- IS-403 Introduction to Individual Assistance \_\_\_\_\_
- IS-775 Emergency Operations Center (EOC) Management and Operations \_\_\_\_\_
- IS-700.a National Incident Management System (NIMS) An Introduction \_\_\_\_\_
- IS-800.b National Response Framework, an Introduction \_\_\_\_\_
- IS-909 Community Preparedness: Implementing Simple Activities for Everyone \_\_\_\_\_

**IEMA/HSEMD-Sponsored Courses**

**Date Completed**

- EMPD Emergency Management Program Development: Four Sessions \_\_\_\_\_

**Other Training**

**Date Completed**

*Continuing Education: (use back for additional entries)*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## YOUR IACEM CERTIFICATE

Who should we mail the certificate to (PICK ONE)?  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 the [Iowa HSEMD website](#) to find out who your local Emergency Management Coordinator is.

Local EM Name \_\_\_\_\_

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](http://www.iowaema.com).

Check/warrant number \_\_\_\_\_ Check/warrant date \_\_\_\_\_

Check/warrant amount \$ \_\_\_\_\_

## APPLICATION & PAYMENT SUBMISSION

Please submit your completed application and supporting documentation electronically to [iacem@iema.simplelists.com](mailto:iacem@iema.simplelists.com). In lieu of submitting a certificate for each completed course, please just send your statement of completion from Iowa HSEMD and if applicable, your transcript from EMI.

Certification fees should be mailed to: IACEM Program  
Iowa Emergency Management Association  
1907 Carpenter Avenue  
Des Moines, IA 50314

### FOR IEMA USE ONLY:

Date received \_\_\_\_\_

Date reviewed by committee \_\_\_\_\_

Date decision letter mailed \_\_\_\_\_