



**IOWA CERTIFIED EMERGENCY  
MANAGEMENT (IACEM) PROGRAM**  
**Certification Renewal Form**

Date of Initial Application \_\_\_\_\_ Date of Original Certification \_\_\_\_\_

**Applicant Information**

Name (as to appear on certificate): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

**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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Education/Training – 24 hours per year, 72 hours total**

*(Include copies of certificates of completion with application – use back side if necessary)*

Course	Hours	Date

**Exercise Experience**

Jurisdiction/Organization	Date	Type of Exercise	Your Role

**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](http://www.iowaema.com) to find out who your local Emergency Management Coordinator is.

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

**Renewal 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 \$ \_\_\_\_\_

**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 \_\_\_\_\_