

APPLICATION PACKAGE

for the

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM (CFM[®] Program)



Administered by the
ASSOCIATION OF STATE FLOODPLAIN MANAGERS, Inc.



ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

APPLICATION PACKAGE: ASFPM CERTIFIED FLOODPLAIN MANAGER

CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to individuals certified under the ASFPM Certification Program. For more information on the ASFPM Certification Program, go to our website at www.floods.org

This is the application package for registration to the Association of State Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program), as developed by the ASFPM Certification Board of Regents (CBOR). It includes an application, Disclaimer, Code of Ethics, and Employment Verification form. The initial ASFPM CFM® certification will be awarded upon successful completion of three steps:

1. Submitting completed application and fee.
2. Submitting a completed Employment Verification Form.
3. Receiving a grade of 70% or higher on the certification exam.

The application form requires basic information regarding the applicant's identity and one Employment Verification Form. Optional information is requested to help the ASFPM maintain demographic information and determine the fairness of the exam. The application form shall be signed by the applicant, acknowledging that the award of certification will be based upon meeting all the minimum qualification requirements and achieving a satisfactory score on an exam to be prepared and scored by ASFPM. The applicant shall further agree to sign and abide by the ASFPM Code of Ethics.

Please complete the required forms and return them with your application fee. **This fee includes your initial two-year certificate; additional fees will be required when you apply for renewal in two years.** Upon receipt, review, and approval of a completed application, you will be notified by email of eligibility to take the exam. A photo I.D. will be required at the time of exam for the purpose of identification.

Submittal Checklist:

- _____ Verification of current ASFPM Membership (to receive exam discount)
- _____ Completed Application Form (pages 3-9)
- _____ Application Fee (see page 5 of this application)

Mail all materials, including fee to: ASFPM, 575 D'Onofrio Drive, Suite 200, Madison, WI 53719

Important -- Report address and/or employment changes immediately.
Thank you for applying to be a Certified Floodplain Manager.

ADA Compliance- The Association of State Floodplain Managers, Inc. acknowledges the need and desirability to provide reasonable accommodations to prospective applicants for certification and recertification with a qualified disability. Special arrangements may be made available for applicants for certification at the examination site by submitting a written request to the Association with a letter from licensed physician or health care specialist knowledgeable of the requester's disability stating the specific needs to be accommodated. An accommodation will be provided to qualified individuals with disabilities to the extent the accommodation does not fundamentally alter the examination, cause disruption to other test takers or cause an undue burden to the Association. The Association may deny special accommodations which include but are not limited to unlimited testing time, modification of the format or content of the examination, paraphrasing or translating the test materials by a reader or interpreter. All requests for accommodations must be sent to the Association of State Floodplain Managers, Inc., 575 D'Onofrio Drive, Suite 200, Madison, WI 53719 and received by the Association not less than thirty (30) days prior to the date of the examination. Late requests for an accommodation may not be honored.

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

ASFPM CERTIFIED FLOODPLAIN MANAGER APPLICATION FORM

_____ Mr. Ms.
Last Name First MI Maiden

Name to appear on certificate if different from above _____

Date of Birth _____

Education _____
Degree(s) Major(s) Year(s)

Residence Address _____
City/State/Zip _____

Home phone (____) _____ Home email _____

Employer _____

Employer Type: Local Government State Government Federal Government
 Academia Private Other _____

Job Title _____ Years of Floodplain Mgmt. Experience _____

Professional Mailing Address _____
City/State/Zip _____

Telephone: Work _____ Fax: _____
Work email: _____

Please check all of the following areas of floodplain management in which you are involved:
 Coastal Management Code Enforcement Community Rating System
 Emergency Management Engineering Environmental
 Hazard Mitigation Insurance Planning & Zoning
 Public Education Stormwater Management Water & Wastewater Systems
 GIS Mapping Other _____

Is floodplain management your primary responsibility with your employer? YES ___ NO ___

Describe your primary responsibility and % of time devoted to FPM _____

Additional work experience other than employment listed above:
Employer City/State Title Duration

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

Have you completed any of the following training courses?

Yes	No	Course Name
___	___	FEMA's Managing Floodplain Development through the NFIP (FEMA-273)
___	___	FEMA's Managing Floodplain Development through the NFIP (FEMA 480)
___	___	Exam Refresher
___	___	Any other Federal floodplain management training courses _____
___	___	Any State floodplain management training courses _____
___	___	Any related FPM courses: _____

List all other State or association registrations, licenses, or certifications you presently hold:

Have you ever been registered by any other Certified Floodplain Manager Program(s)?
YES ___ NO ___ Certification # _____
Name of program(s) _____
Date Issued _____

If you live in a state which has an ASFPM accredited certification program, you must apply to them for administration of the certification program.

Location and Date (If known) of Exam in which you are applying:

PAYMENT METHOD

Please see following page for Fee Schedule

___ Check enclosed ___ Credit Card ___ Purchase Order

Check or Purchase Order Number _____

PAYMENT AMOUNT TOTAL \$ _____

Card # _____ Expiration Date _____ CCV # _____

Card Holder's Name _____ Cardholders Zip Code _____

SIGNATURE _____

ASFPM Board of Directors Certification Program Annual Fee Implementation Schedule (FY15)	PPN:
	Effective Date: 11/1/2014
	Supersedes: 11/1/2013

Purpose: It shall be the duty of CBOR to create an Annual Fee Implementation Schedule consistent with the Board approved budget. The Board approved the budget effective July 1, 2014.

Scope: This policy applies to all CFMs and potential CFMs under the ASFPM national certification program. This does not pertain to accredited chapters which set their own fees. As there are four renewal cycles in a 2-yr period, fees shall be specified for each cycle.

Background: The ASFPM Board of Directors has the key responsibility for the financials of the ASFPM. As such, they approve a budget on an annual basis.

Definitions: Corporation, Agency, and Chapter Partners do not make an applicant eligible for the member rate fee in this certification process. The applicant must maintain their individual ASFPM membership throughout the duration of the certification period to get the member renewal rate.

Policy: Annual Fee Implementation Schedule

This fee schedule is effective for the Nov 2014- Jan 2015 CFM renewal cycle, May- July 2015 CFM renewal cycle as well as the CFM exam starting November 1, 2014.

FEES

The following fees have been established:

	<u>Fee</u>	<u>Discounted Member Fee*</u>
Application packet, processing, & exam	\$450	\$100
Re-take Exam Fee	\$50	\$50
Biennial Renewal Fee	\$400	\$100 (\$60 early bird discount)
Late Renewal Fee	\$75	\$75

1. An applicant can become a member of ASFPM at the same time they apply for the exam. Download the one page membership application or apply online at www.floods.org
2. When an applicant cancels from a scheduled exam, with at least two weeks notice to the ASFPM Executive Office, he/she may receive a 50% refund. No refund will be given if the cancellation occurs with less than two weeks notice. An exam may be rescheduled within 1 year.

I also hereby agree to the fees and payment methods as indicated above.

Signed _____ Date _____

Printed Name _____

ASFPM Certification Program Policy: Code of Ethics	PPN:
	Effective Date: 7/1/2014
	Supersedes: Charter 10/1/2009

Purpose: To establish a Code of Ethics related to persons seeking a CFM® designation.

Scope: This policy applies to all applicants for the CFM® Exam and program, as well as all current CFM's and those renewing their CFM® designation.

Background: In order to maintain the high ethical standards of the profession, the CBOR discussed and created a Code of Ethics that shall be signed by everyone applying for a CFM® designation or renewal, as applicable. This code replaces the previously named Code of Professional Conduct.

Definitions: N/A

Policy: It shall be the policy of the ASFPM to have a Code of Ethics as part of the application package for individuals seeking to take the CFM® Exam, as well as on file for all current CFM's.

A copy of this signed document must be submitted with the Certified Floodplain Manager (CFM®) application.

Certified Floodplain Managers will agree to follow the Code of Ethics below.

As a CFM®, I agree to fully comply with the following tenets of the Code of Ethics in all of my professional responsibilities. I will:

- *Protect the health, safety, property, and welfare of the public in the practice of my profession;*
- *Establish and maintain a high standard of integrity and practice;*
- *Practice honesty and integrity in all of my professional relationships with the public, peers, and employer;*
- *Be truthful and accurate in my professional communications;*
- *Not express a professional opinion in deposition or before a court, administrative agency{xe "Agency"}, or other public forum which may be contrary to generally accepted scientific and floodplain management principle, without fully disclosing the basis and rationale for such an opinion;*
- *Foster excellence in floodplain management by staying abreast of pertinent issues;*
- *Enhance individual performance by attention to continuing education and technology;*
- *Avoid conflicts of interest resulting in personal gain or advantage;*
- *Be economical in the utilization of the nation's resources through the effective use of funds, accurate assessment of flood-related hazards, and timely decision-making;*
- *Maintain the confidentiality of privileged information;*
- *Promote public awareness and understanding of flood-related hazards, floodplain resources, and flood hazard response; and*
- *Be dedicated to serving the profession of floodplain management and to improving the quality of life.*

Signature: _____ **Date:** _____

Printed Name: _____

ADOPTED BY THE BOARD OF DIRECTORS ON OCTOBER 1, 2009

REVISED BY THE BOARD OF DIRECTORS ON JUNE 1, 2014

ASFPM Certification Program Policy: Decertification	PPN:
	Effective Date: 7/1/2014
	Supersedes: Charter 10/1/2009

Purpose: To establish the situations in which a CFM® may be decertified.

Scope: This policy applies to all CFMs.

Background: Having a CFM® designation requires passing of an exam, continuing education credits, timely payment of fees and adherence to the Policy: Code of Ethics. At times, a CFM® may need to be decertified for a variety of reasons.

Definitions: N/A

Policy: It shall be the policy of the ASFPM to identify situations where a CFM® may be decertified, as outlined below:

1. A CFM® may be decertified for failure to fulfill the requirements specified in the Policy: CFM® Renewal by the renewal date.
 - a. A CFM® decertified for failure to fulfill the requirements specified in the Policy: CFM® Renewal, must wait 12 months from date of decertification before being eligible to take the CFM® exam.

2. A CFM® may be decertified for unprofessional conduct if he/she has:
 - a. Been convicted of a crime or any felony directly related to his or her professional duties;
 - b. Falsified, intentionally destroyed, or modified official records or documents relating to his or her professional duties, or otherwise knowingly provided misleading information related to his or her duties or floodplain management;
 - c. Received or solicited money or anything of value directly or indirectly that may be expected to influence his or her actions or judgment in a manner outside of commonly acceptable practices or values;
 - d. Used his or her position in an illegal, dishonest, or unprofessional way to influence or gain a financial or other benefit, advantage or privilege for his or her benefit or for benefit of his or her immediate family or organization with which he or she is associated; or
 - e. Violated the Policy: Code of Ethics.
 - f. Information on a CFM's unethical behavior must be submitted to the ASFPM Executive Office in writing. No anonymous submittals will be accepted. If the President of the CBOR determines that consideration of decertification may be warranted, the charges and all supporting documentation will be provided to the CFM® by certified mail. The CFM® shall have 30 days upon receipt thereof to respond in writing to the charges.

3. If a CFM® has not fulfilled the renewal requirements by the renewal date or has not responded to the charges of unprofessional conduct by the specified deadline, he or she will be sent a registered letter of decertification, stating that the he/she may not classify him or herself as an "ASFPM Certified Floodplain Manager" or use the ASFPM Registered Trademark CFM® in any way for a period of time specified in the letter. He/she may reapply to take the CFM® exam after that date.

4. If the CFM® does submit the appropriate papers by the deadline, the procedures in the Policy: Appeals – Nonrenewal or Decertification shall be followed.

Signature: _____ **Date:** _____

Printed Name: _____

ADOPTED BY THE BOARD OF DIRECTORS ON OCTOBER 1, 2009
REVISED BY THE BOARD OF DIRECTORS ON JUNE 1, 2014

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

ACKNOWLEDGMENT & DISCLAIMER

I have read and agree to abide by the foregoing rules and procedures of the Association of State Certified Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program) as adopted by the Certification Board of Regents (CBOR). I also agree to complete all application requirements, provide necessary documentation, and take all exams as may be required for the processing of my application. I understand that award of certification will be based upon achieving a satisfactory grade. Upon my award of the Certified Floodplain Manager (CFM®) designation, I agree to be bound by the conditions of renewal as contained in the CFM® Program Charter. I further understand that the fee submitted with this application is 50% refundable if I cancel from taking the exam with at least two weeks notice and that the materials submitted for consideration become the property of ASFPM. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the ASFPM and its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action taken in connection with this application, the attendant exams, the grades with respect to any exam, the failure of the ASFPM to register me as a CFM® and any other aspect of the CFM® Program. I hereby grant permission to ASFPM and the CBOR to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if registered as a CFM®, upon the revocation, suspension, or cancellation of my certification by action of the CBOR, I shall return my Certificate, and any other items issued as part of the CFM® Program to the ASFPM Executive Office.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and failure for me to be registered as a CFM®, or the possible revocation of my certification.

I understand that all information provided as part of this application will remain strictly confidential to ASFPM unless authorized by me in writing to release the information to a requesting party.

I hereby attest that the information provided is factual and that I have carefully read and fully understand all conditions, code of ethics, rules, and procedures of CFM® Program and do hereby agree to conform to all of the same conditions, rules, and procedures.

Signed _____ Date _____

Printed Name _____

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

PROFESSIONAL EMPLOYMENT VERIFICATION FORM

In lieu of this form, a letter of verification incorporating the requested information is acceptable. **The supervisor or agency head, listed below will be notified of the applicant's successful completion.**

Note: Self-employed persons may use a professional reference other than a supervisor.

Applicant Name

Applicant's Title

Employed From/To

Employing Organization

Mr. Ms.

Supervisor or Agency Head Name

Title

Supervisor or Agency Head Address

City/State/Zip

Supervisor or Agency Head Phone

Email

I, _____, (Supervisor) certify that I have supervised/employed the above listed applicant. I know of my own knowledge that said person was employed as indicated and that his/her regular responsibilities included floodplain management and other related duties.

Briefly describe job responsibilities of applicant. Please indicate if other than full time:

Supervisor or

Agency Head Signature _____

Date _____

Mail to: ASFPM, 575 D'Onofrio Drive, Suite 200, Madison, WI 53719