Applicant: _____

Agency: _____

FPEM-HC ☐   FAEM-HC ☐

HEALTHCARE CERTIFICATION APPLICATION

February 15, 2015 v.1.a

Applicants are encouraged to work with a certification mentor _before_ submitting an application package to ensure consistency and accuracy.

**Florida Emergency Preparedness Association
Certification Program
400 Capital Circle SE
Suite 18-263
Tallahassee, Florida 32301
Phone: (850) 274-1835
www.fepa.org**

Welcome to the Florida Emergency Preparedness Association (FEPA) Certification Program. The FEPA Certification Program is designed to recognize individuals who possess the experience, knowledge, and skills to effectively manage a comprehensive emergency management program. The certification is not only recognizing emergency managers, but also emergency management partners in the public, private, and volunteer sectors who dedicate their time and efforts to the field of emergency management.

The term "Comprehensive Emergency Management" means integrating all stakeholders by strengthening preparedness in all mission areas of emergency activity, for all types of disasters. The "comprehensive" aspect of Comprehensive Emergency Management includes all five mission areas to establish a capabilities-based approach to Preparedness. A capability provides the means to accomplish the mission of: Mitigation, Prevention, Protection, Response, and Recovery for all-hazards in a federal, state, local operating partnership.

The certified individual has shown that they are capable of effectively accomplishing the goals and objectives of disaster/emergency management in all the environments listed above.

The FEPA Healthcare Certification Program affords the applicant two different levels of certification for which to qualify:

Florida Associate Emergency Manager- Healthcare (FAEM-HC): This certification recognizes devoted individuals who have met all the necessary requirements for certification as a Florida Associate Emergency Manager (FAEM) and possess advanced knowledge, skills and abilities to perform effectively within a comprehensive realm of the a healthcare emergency management program. These programs can reside within the public or private sector.

The term Florida Associate Emergency Manager Healthcare (FAEM-HC) designates prescribed training and educational criteria plus two (2) years demonstrated working experience in comprehensive healthcare emergency management, one (1) of which must be in the State of Florida.

Applicants for this certification must be able to prove their eligibility for this certification by including documentation of required training, professional contributions, experience, and time in service.

Florida Professional Emergency Manager- Healthcare (FPEM-HC): This certification recognizes devoted individuals who have met all the necessary requirements for certification as a Florida Professional Emergency Manager (FPEM) and possess advanced knowledge, skills and abilities to perform effectively within a comprehensive realm of the a healthcare emergency management program. These programs can reside within the public or private sector.

The term Florida Professional Emergency Manager Healthcare (FPEM-HC) designates prescribed training and educational criteria plus four (4) years demonstrated working experience in comprehensive healthcare emergency management, two (2) of which must be in the State of Florida. Applicants for this certification must be able to prove their eligibility for this certification by including documentation of required training, professional contributions, experience, and time in service.

- A FPEM-HC has a working knowledge of all the basic tenets of emergency management as it relates to the healthcare industry. This is to include mitigation, prevention, protection, response, and recovery.

- A FPEM-HC has experience and knowledge of interagency and community wide participation in planning, coordination, and management designed to improve the emergency management capabilities in the healthcare industry to ensure resiliency in our efforts to provide patient care to our communities.

- A FPEM-HC can effectively accomplish the goals and objectives of any emergency management program in all healthcare environments.

Please be sure to fill out the FEPA Certification Criteria for the appropriate certification for which you are applying.

<u>The completion of the application is to be the sole effort by the applicant.</u> Keep in mind that while you are completing your application, you are submitting a document for your professional certification and should reflect as such. Application package must be submitted electronically. The electronic application that you submit to the Certification Commission <u>must</u> be organized and submitted in Adobe® PDF format following the order and instructions of the application for certification. Neatness counts as part of the review.

The FEPA Certification Commission Chair <u>will reject</u> any application that is not submitted in this manner.

Preceding each section of requirements is an instructional page that will tell you what is expected in each section. Please be sure to follow the directions. These directions will help you to avoid common mistakes that are made during the application process.

If you should have any further questions, please feel free to contact any of the FEPA Certification Commissioners listed on the FEPA website at www.fepa.org (see Certification Page under About FEPA Certification and Applications). **Applicants are encouraged to work with a certification mentor <u>before</u> submitting an application package to ensure consistency and accuracy.**

Applicant Mentoring

The FEPA Certification Commission encourages mentoring of applicants by current Commissioners. The best service a mentor can provide is to emphasize the process of being an emergency management professional, as well as the product of becoming a FPEM-HC, and FAEM-HC. This can be done by encouraging professional development which will result in meeting the qualifications to be a FPEM-HC, and FAEM-HC: For example, letting a person know about upcoming training opportunities, or helping them become involved in groups or programs which could result in their being able to document "contributions." Technical assistance could include helping an applicant document their training courses or instructions on assembling and organizing their application.

The mentoring Commissioner and the applicant must complete the Mentoring Notification Form and transmit to the FEPA Certification Commission Chair agreeing to follow the guidelines as established for mentoring.

<u>It is not appropriate for a mentor to pre-approve an application.</u> Mentors must make clear to the candidate that there is no guarantee that their suggestions guarantee approval of their credentials. Any Certification Commissioner who reviews a candidate's credentials prior to official submission must remove them self from the review process when it comes before the full FEPA Certification Commission.

Application Timelines

Application packages must be submitted electronically. The electronic application must be uploaded to the FEPA website (www.fepa.org) by 11:59 pm EST on November 1st to be considered for the current Certification Class. This deadline will allow a minimum of thirty (30) days for review prior to the FEPA Annual Meeting and Work Session. Additional documentation will not be accepted once the application is uploaded to the FEPA website unless requested by the Certification Commission.

FEES

Application fees are set by the FEPA Board of Directors. Dues are currently set:

    1) Initial FPEM-HC, and FAEM-HC certification submission and review: $50.00.

Commensurate with the Class of 2017 application released on November 2, 2015 increase the initial certification fee to $75.00.

2) FPEM-HC, and FAEM-HC recertification submission and review: $35.00. Commensurate with the Class of 2017 application released on November 2, 2015 increase the recertification fee to $50.00.

3) ***ALL APPLICATION FEES ARE NON-REFUNDABLE.***

FEPA Membership

FEPA membership is required at time of application submission and upon certification at the FEPA Annual Awards Ceremony. FEPA membership is encouraged for the duration of certification. Annual Membership dues are for the calendar year. As of November 2, 2016, if FEPA regular membership lapses during the certification period, a recertification application will not be accepted. A new application will be required.

Membership information can be found at the FEPA website. www.FEPA.org

Application Submission

Applicants are encouraged to work with a certification mentor before submitting an application package to ensure consistency and accuracy. Mentoring ends upon submission of the application.

The completion of the candidate's application is to be a sole effort by the applicant. The candidate is submitting a document for their professional certification and the application should reflect such.

The electronic application must be organized and submitted in Adobe® PDF format following the order and instructions of the application for certification/recertification. Neatness counts as part of the review. **The FEPA Certification Commission Chair will reject any certification application that is not submitted in this manner.**

The FEPA Executive Director shall confirm that the applicant is a current FEPA member in good standing and has paid the required application fee. Once confirmed, the FEPA Executive Director will notify the Certification Chair and Secretary. The FEPA Executive Director will transmit an email to the applicant confirming successful submission of the application.

The Certification Chair will assign a review team; notify the assigned Commissioners, Executive Director, and Secretary via email. The Secretary will start the application tracking process.

If possible, the first reviewer and second reviewer should review the application as a team. If not, the first reviewer will transfer the application and paperwork to the second reviewer as soon as possible.

All reviewers will keep the Certification Chair and Secretary informed of the status of the application in the review process.

Denial of Certification

Candidates whose applications are denied by two (2) Commissioners (both the first and second Commissioner review) will be denied the certification designation. The letter denying certification shall be written by the Chair of the Commission, outlining the deficiencies in the application. This denial letter and FEPA Certification Denial Notification Matrix shall be emailed to the applicant and have a return address from the FEPA Office. A copy shall be retained by the FEPA Office with the Certification files on the FEPA website. All candidates get a second chance.

Reapplication by Denied Candidates

Candidates can reapply for certification at any time (there is no waiting period, once denied). If the candidate submits needed documentation or information within one year from the initial denial only,

no additional application fee will be assessed,

Candidates submitting an application after one (1) year from the initial date of denial must resubmit the entire application and pay an application fee again.

Candidates are allowed a single resubmission per application fee. If the candidate passes, they become part of the current class not part of their original class cycle.

Award of Certification

Successful candidates who meet the requirements for certification will be advised by letter from the Commission Chair. The Commission Secretary will confirm that the candidate is a current member in good standing one week before certification is conferred at the FEPA Annual Awards Ceremony. Certificates and certification pin will be conferred at the FEPA Annual Awards Ceremony. The awarding of FEPA certification designations will be presented by the FEPA President with the Commission Chair assisting unless otherwise arranged. Those individuals who attain certification and are unable to attend the FEPA Annual Awards Ceremony will have their certificate forwarded by mail or arrange to have their certificate and pin picked up by an attendee. Certificate and pin must be signed for when picked up by a non-recipient.

Certification Duration

Certification is effective for a period of five (5) years. In order to recertify, candidates must meet recertification requirements by November 1st of the fourth (4th) full year following the year in which they were last certified (i.e., if certified 1/11, recertification application must be submitted by 11/1/15). Recertification expires for those who fail to recertify every five (5) years as of the FEPA Annual Awards Ceremony.

The certification terms begin and end with the FEPA Annual Awards Ceremony.

Maintaining Certification

The designations, Florida Professional Emergency Manager - Healthcare (FPEM-HC), and Florida Associate Emergency Manager - Healthcare (FAEM) are recognized in the State of Florida as marks of distinction within the emergency management profession. It is incumbent upon those so designated to make every effort to remain current with rapidly changing technological advances and resultant administrative requirements. Certification maintenance provides certified individuals with an opportunity to demonstrate that they have kept up with these advances and reinforces their commitment to professionalism in the emergency management community. Certified individuals are encouraged to maintain FEPA membership for the duration of certification. As of November 2, 2016, if FEPA membership lapses during the certification period, a recertification application will not be accepted. A new application will be required.

Recertification Requirement and Application

Recertification must be accomplished at five (5) year intervals by submitting documentation that demonstrates continuing education as defined in the recertification application and confirms professional contributions to the emergency management profession since the date of last certification or recertification.

Notification

It is the responsibility of the certified individual to maintain their certification and ensure recertification deadlines are met. Utilizing the contact information available in the current FEPA membership database, the FEPA Executive Director will make an effort to notify all certified individuals who are

current FEPA members approaching recertification eligibility. Certified individuals are encouraged to keep their contact information current in the FEPA membership database on the FEPA website. It is your responsibility.

Certification Expiration

The FPEM-HC, and FAEM-HC, recipient whose certification expires will no longer be permitted to use the certification designation nor will they be listed as such on the Florida Emergency Preparedness Association website. Utilizing the contact information available on the current FEPA membership database, the FEPA Executive Director will notify the individual that their certification has expired and they are no longer permitted to use the certification designation in any media format.

After expiration of initial certification, the candidate must submit the certification application fee, complete a new FEPA Certification Application, and submit for Certification Commission review. Candidates are allowed a single resubmission per application fee. If the candidate passes, then they become part of the current class not part of their original class cycle.

If the Certification Commission discovers that an individual with an expired certification continues to use the certification designation in any media format, a joint letter signed by the Certification Commission Chair and the FEPA President will be mailed by the FEPA Executive Director to said individual with a copy going to their supervisor instructing said individual to cease and desist the use of expired certification designation.

Disposition of Application

Current class applications will be maintained until the FEPA Annual Awards Ceremony. **Following the FEPA Annual Awards Ceremony all electronic applications will be purged/deleted.** It is the applicant's responsibility to maintain a copy of the application, if one is desired..

FLORIDA EMERGENCY PREPAREDNESS ASSOCIATION
Healthcare Certification Application
ALL MATERIALS MUST BE TYPED (unless otherwise specified)

Type of Certification Applying for *(Please check one)*

☐ Florida Associate Emergency Manager- Healthcare (FAEM-HC)

☐ Florida Professional Emergency Manager - Healthcare (FPEM-HC)

Name of Candidate:

Current Position/Title:

Organization:

Years in Current Position: Years in Emergency Management:

Office Address:

City/State/Zip:

Office Phone/E-mail:

Home Address:

City/State/Zip:

Home Phone/E-mail:

I understand that certification is subject to approval by the FEPA Certification Commission and FEPA Board of Directors. If granted, certification is current for a five (5) year period. I will execute the necessary documents and supply further information as determined by the Certification Commission. The completion of this application was my sole effort to document my professional standing. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application and the issuance of a complaint of violation. I give permission for verification of any information contained in this application package.

Candidate's Signature: _____ **Date:** ____/____/____

Current FEPA Member at time of submission of FEPA Certification Application: ☐ **Yes** ☐ **No**
(Membership will be verified by the FEPA Executive Director)

I wish to receive notices at my: ☐ **Office** ☐ **Home**

I understand my electronic application will be purged/deleted from the FEPA system following the Annual Awards Ceremony. ☐ **Yes, I understand the application disposition policy.**

If awarded certification, I will allow FEPA to post my picture on its web site: ☐ **Yes** ☐ **No**

The recertification deadline date is November 1st prior to the fourth (4th) year as it appears on my certificate.

Applicant Mentored By: _____

Submit completed FEPA Certification Application electronically on the FEPA website.

☐ **$50 Application Fee** ***THIS FEE IS NON-REFUNDABLE****

FEPA HEALTHCARE CERTIFICATION CRITERIA

Checklist is *required* to be completed when applying for certification consideration.

Criteria	Florida Associate Emergency Manager - Healthcare	Florida Professional Emergency Manager - Healthcare
Application Cost	☐ $50 **THIS FEE IS NON-REFUNDABLE.**	☐ $50 **THIS FEE IS NON-REFUNDABLE.**
FEPA Membership	☐ Required	☐ Required
References	☐ Three (3)	☐ Three (3)
Work History/ Experience	☐ **Two (2) years** employed in Healthcare with direct comprehensive Emergency Management experience; ☐ Of which **one (1) year** was attained in Florida; **AND** ☐ **One (1)** Florida exercise within five (5) years or actual disaster experience within the last **ten (10) years**. Exercise and Disaster Experience must be in a healthcare environment/facility	☐ **Four (4) years** employed in Healthcare with direct comprehensive Emergency Management experience; ☐ Of which **two (2) year** was attained in Florida; **AND** ☐ **Total of two (2) experiences** Florida exercise(s) within **five (5) years** and/or actual disaster experience(s) within the last **ten (10) years**. Exercise and Disaster Experience must be in a healthcare environment/facility
Education	☐ High School diploma or GED	☐ High School diploma or GED

Training AND Hours	☐ **25 Hours** in General Management; *(this requirement is waived if you possess a 4 -year degree from an accredited university),*	☐ **50 Hours** in General Management; *(this requirement is waived if you possess a 4 -year degree from an accredited university),*
	AND	**AND**
	☐ **100 Hours** in Emergency Management**,** of which twenty-five (25) hours have been attained in Florida in a classroom. ***All EM training must have been completed within the last ten (10) years.***	☐ **150 Hours** in Emergency Management**,** of which fifty (50) hours have been attained in Florida in a classroom. ***All EM training must have been completed within the last ten (10) years.***
	☐ *All applicants must obtain the EMI **Professional Development Series (PDS) Certificate of Completion.***	☐ *All applicants must obtain the EMI **Professional Development Series (PDS) Certificate of Completion**.*
	*All applications are required to have **completed the following:***	*All applications are required to have **completed the following:***
	☐ *Hospital Incident Command System (HICS) Course*	☐ *Hospital Incident Command System (HICS) Course*
	☐ *8-hour FHA Basic Healthcare Emergency Management Course*	☐ *8-hour FHA Basic Healthcare Emergency Management Course*
	☐ *16-hour FHA Advanced Healthcare Emergency Management Course*	☐ *16-hour FHA Advanced Healthcare Emergency Management Course*
	☐ *Homeland Security Exercise and Evaluation Program (HSEEP) Course*	☐ *Homeland Security Exercise and Evaluation Program (HSEEP) Course*
	☐ *All applications are required to have **completed IS-100.HCb, IS-200.HCa, IS-700 and IS-800** series. Training certificates <u>must</u> be included in the training section.*	☐ *All applications are required to have **IS-100.HCb, IS-200.HCa, IS-700, IS-800, ICS-300 and ICS-400** series. Training certificates <u>must</u> be included in the training section.*
Contributions to Emergency Management	☐ **Four (4)** attained in Florida	☐ **Seven (7)** attained in Florida

Notes:

1. **Requirement: Checklist must be completed and included in certification application.**

2. The ten (10) year period is as of the date of signature on this application.

3. Names and phone numbers provided for individuals that can verify any information submitted in this application will only be used for minor clarifications. They will not be used as the sole source for verification. The documentation must stand on its own.

4. Required PDS certificate <u>must</u> be included in the training section.

5. Required ICS training certificates <u>must</u> be included in the training section.

6. Required HICS, BHEM, AHEM and HSEEP training certificate <u>must </u>be included in the training section.

7. Required courses that were obtained within the last ten (10) years can be included as part of total required training hours.

WORK HISTORY / EXPERIENCE SECTION INSTRUCTIONS

Requirements:

Criteria	Florida Associate Emergency Manager - Healthcare	Florida Professional Emergency Manager - Healthcare
Work History/ Experience	**Two (2) years** employed in Healthcare with direct Comprehensive Emergency Management experience;	**Four (4) years** employed in Healthcare with direct Comprehensive Emergency Management experience;
	Of which **one (1) year** was attained in Florida;	Of which **two (2) year** was attained in Florida;
	AND	**AND**
	One (1) Florida exercise within five (5) years or actual disaster experience within the last **ten (10) years**.	**Total of two (2) experiences** Florida exercise(s) within **five (5) years** and/or actual disaster experience(s) within the last **ten (10) years**.
	Exercise and Disaster Experience must be in a healthcare environment/facility	Exercise and Disaster Experience must be in a healthcare environment/facility

Work History / Experience FPEM-HC

I. Work Experience must be Emergency Management related to the Healthcare industry. It must demonstrate participation in three (3) of the five (5) mission areas of Emergency Management: mitigation, prevention, protection, response, and recovery. Proof of direct healthcare Emergency Management related work and experience must be documented with a signed letter from the Emergency Management Director or supervisory level management from applicant's jurisdiction or organization including dates of direct emergency management service and be included in the applicant's submittal. The applicant's submittal must include:

    a. <u>Position description</u> must clearly show <u>direct</u> emergency management related duties. General first responder daily responsibilities **<u>DO NOT</u>** qualify as direct emergency management duties. If a current position description does not exist or if a copy needed from a previous job is unavailable, the applicant should so state in a brief cover letter signed by the applicant and attach a signed letter/statement from the current (or past) supervisor that states that (1) a position description does not exist, has been changed, or is unavailable; and (2) outlines (a) the emergency management functions performed by the applicant; (b) the dates of this service; and (c) the approximate amount of time spent in emergency management duties; or

    b. <u>Signed letter</u> from the supervisor of applicant stating emergency management is a ***significant role*** of applicant's position and dates of emergency management service.

II. Time spent on volunteer/internship duties may also be counted. Applicants <u>must</u> provide documentation of the total time devoted to emergency management duties.

Work History / Experience FAEM-HC

I. Work Experience must be Emergency Management related in Healthcare. It must demonstrate participation in two (2) of the five (5) mission areas of Emergency Management: mitigation, prevention, protection, response, and recovery. Proof of healthcare Emergency

Management related work and experience must be documented with a signed letter from Emergency Management Director or supervisory level management from applicant's jurisdiction or organization. The document must include dates of emergency management service. The applicant's submittal must include:

a. Position description must clearly show emergency management related duties in a healthcare environment/facility. General first responder daily responsibilities do not qualify as direct emergency management duties. If a current position description does not exist or if a copy needed from a previous job is unavailable, the applicant should so state in a brief cover letter signed by the applicant and attached to a signed letter/statement from the current (or past) supervisor that states that (1) a position description does not exist, has been changed, or is unavailable; and (2) outlines (a) the emergency management functions performed by the applicant; (b) the dates of this service; and (c) the approximate amount of time spent in emergency management duties; or

b. Signed letter from the supervisor of applicant stating emergency management is a *role* of the applicant's position including dates of emergency management service.

II. Time spent on volunteer/internship duties may also be counted. Applicants must provide documentation of the total time devoted to emergency management duties.

Disaster / Exercise Experience

I. **For Disaster Experience credit,** must have occurred within the **last ten (10) years**. Applicant must document **at least** forty eight (**48) hours of *active* involvement** in a single emergency or disaster incident in Florida or as part of a Florida supported deployment in a healthcare environment/facility.

> A Disaster is defined as major event involving impacts or threats to life safety and property requiring a declaration of a state of emergency, a state declaration of emergency, and/or a federal declaration, and produces reports (SITREPS, IAPs, etc.).

> A major incident that taxed facility resources, required community notifications and potentially jeopardized life may be acceptable.

II. **For Exercise Experience credit,** must have occurred within the **last five (5) years** and in Florida or as part of a Florida supported deployment in a healthcare environment/facility to be eligible for consideration. Attach documented proof of exercise participation. This can include a letter from the emergency management director, a certificate with applicant's name on it, a newspaper article identifying your participation, or other exercise documentation showing your direct participation in the exercise or disaster event.

Exercises and Disaster Experiences used here cannot be used in Professional Contributions.

REMINDER: If you are applying for the **FPEM-HC certification**, you **need two (2) different "experiences". This can be two (2) exercises, two (2) disasters, or one (1) disaster and one (1) exercise.**

WORK HISTORY / EXPERIENCE

See Instruction sheet for this section on page 9 and 10 before completing.

WORK HISTORY/EXPERIENCE #1

Period Covered:

Jurisdiction/Company/Organization:

Job Title:

Address:

City/State/Zip:

Point of Contact/Title:

Office Phone/Email:

WORK HISTORY/EXPERIENCE #2

Period Covered:

Jurisdiction/Company/Organization:

Job Title:

Address:

City/State/Zip:

Point of Contact/Title:

Office Phone/Email:

WORK HISTORY/EXPERIENCE #3

Period Covered:

Jurisdiction/Company/Organization:

Job Title:

Address:

City/State/Zip:

Point of Contact/Title:

Office Phone/Email:

DISASTER / EXERCISE EXPERIENCE
Duplicate Form as Necessary

Please indicate one of the following: ☐ Disaster Experience   ☐ Exercise Experience

One experience needed for FAEM-HC. Two experiences needed for FPEM-HC.

See Instruction sheet for this section on page 9 and 10 before completing.

Florida Location:

Date/duration of exercise or **at least** forty eight (**48) hours of _active_ involvement** in disaster experience in a healthcare environment/facility:

Describe the exercise or disaster experience **(be specific)**:

Describe your role **(be specific)**:

Describe what you have learned through your participation **(be specific)**:

Name and phone number who can verify exercise or disaster experience:

REFERENCE SECTION INSTRUCTIONS

Requirements:

Criteria	Florida Associate Emergency Manager - Healthcare	Florida Professional Emergency Manager - Healthcare
References	Three (3)	Three (3)

Each applicant must submit the names of three references and information on their reference sources as requested.

I.   The first reference must be your current supervisor. This will be the person responsible for initiating your annual performance, job evaluation, or rating and must be one of the raters. If your supervisor is not a rater or evaluator, then your immediate rater or evaluator must be included as one of the other two references.

II.   Other reference sources who qualify are:

- A past supervisor (within 7 years)
- Local, state, or federal government officials or department heads;
- Emergency service organization officials (e.g., public, private, military, tribal)
- State or national emergency management association officers
- Others (by request to and approval of the Certification Commission)

III.   Reference sources who **do not** qualify are:

- A subordinate
- A former student
- Friends, neighbors, or relatives

NOTE: Candidates are encouraged to inform references that they have been listed. Certification Commissioners, at their discretion, may ~~call~~ contact references to verify information.

REFERENCES

See Instruction sheet for this section on page 13 before completing.

REFERENCE #1 (Current Supervisor)

Name:

Title:

Organization:

Address:

City/State/Zip:

Phone/E-mail:

REFERENCE #2

Name:

Title:

Organization:

Address:

City/State/Zip:

Phone/E-mail:

REFERENCE #3

Name:

Title:

Organization:

Address:

City/State/Zip:

Phone/E-mail:

EDUCATION SECTION INSTRUCTIONS

Requirements:

Criteria	Florida Associate Emergency Manager - Healthcare	Florida Professional Emergency Manager - Healthcare
Education	High School Diploma or GED	High School Diploma or GED

I.   All candidates are required to have a minimum of a High School Diploma or GED.

II.   **Candidates must provide a copy of their high school, GED, or college diploma in order to satisfy this requirement.**

III.   If the applicant's name has changed due to change in marital status or other reason, a brief explanation should be attached.

NOTE: Applicants with a college degree may be eligible to waive and/or reduce certain training requirements. Please refer to Training Section instructions for more details.

EDUCATION

REMINDER: A copy of the diploma must be attached.

A college diploma can be provided in absence of High School Diploma or GED.

See Instruction sheet for this section on page 15 before completing.

HIGH SCHOOL DIPLOMA or GED

Institution:

Address:

City/State/Zip:

Office Phone:

COLLEGE DIPLOMA

Institution:

Type of Degree:

Major/Minor:

Address:

City/State/Zip:

Office Phone:

TRAINING SECTION INSTRUCTIONS

Requirements:

Criteria	Florida Associate Emergency Manager - Healthcare	Florida Professional Emergency Manager - Healthcare
Training Hours	**25 Hours** in General Management; *(this requirement is waived if you possess a 4-year degree from an accredited university),* **AND** **100 Hours** in Emergency Management**,** of which twenty-five (25) hours must have been attained in Florida in a classroom. ***All EM training must have been completed within the last ten (10) years.*** *All applications are required to have* **completed the following:** ☐ *Hospital Incident Command System (HICS) Course* ☐ 8-hour *Basic Healthcare Emergency Management Course* ☐ 16-hour *Healthcare Emergency Management Course* ☐ *Homeland Security Exercise and Evaluation Program (HSEEP) Course* ☐ ***IS-100.HCb, IS-200.HCa, IS-700 and IS-800*** *series. Training certificates* must *be included in the training section.* ☐ *All applicants must obtain the EMI* **Professional Development Series (PDS) Certificate of Completion.**	**50 Hours** in General Management; *(this requirement is waived if you possess a 4-year degree from an accredited university)*, **AND** **150 Hours** in Emergency Management**,** of which fifty (50) hours must have been attained in Florida in a classroom. ***All EM training must have been completed within the last ten (10) years.*** *All applicants must obtain the EMI* ***Professional Development Series (PDS) Certificate of Completion.*** *All applications are required to have* **completed the following:** ☐ *Hospital Incident Command System (HICS) Course* ☐ 8-hour *Basic Healthcare Emergency Management Course* ☐ 16-hour *Healthcare Emergency Management Course* ☐ *Homeland Security Exercise and Evaluation Program (HSEEP) Course* ☐ ***IS-100.HCb, IS-200.HCa, IS-700, IS-800, ICS-300 and ICS-400*** *series. Training certificates* must *be included in the training section.*

General Management training and education contributes to and compliments emergency management tasks and/or improves an individual's ability to function as an effective emergency manager.

Emergency Management training and education improves knowledge, skills, and abilities specific to the emergency management function.

1. Applicants should pay close attention to the time requirements in the Training Section.

2. Training course documentation (certificates, training submission forms, etc.) should be put into

the **same order as listed on the Training Summary Form**. If an applicant presents training in an unorganized manner, the commissioners will disqualify the Training Section of the application. This would cause the entire application to be denied and returned to the applicant.

3. **Acceptable General Management Training** includes training courses that are general management training that qualify: principles of management, finance, business administration, organizational behavior, budgeting, community development, human resources/relations, public relations, volunteer development, grants management, computer systems, MIS applications, business communications, public speaking, marketing etc. (e.g., CareerTrack, Florida Institute of Government, etc.). Persons documenting a four (4) year Bachelor's degree from an **accredited institution** in the Education Section of the application have their General Training requirements waived. **Please verify the accreditation of your college or university at the following website: http://www.ope.ed.gov/accreditation/Search.aspx.**

4. **Acceptable Emergency Management Training** includes any local, state, or federal sponsored emergency management training course or other emergency management related training course.

5. Emergency Management Phases:

    a. Initial FPEM-HC certification requires a minimum of twenty-five (25) hours per mission area (out of the 150 hours).

    b. Initial FAEM-HC certification requires a minimum of twelve (12) hours per mission area (out of the 100 hours).

6. Applicants should refer to the *"FEPA List of Approved Training"* document to determine the hours to be credited to each course. This list can be found on the FEPA Certification Web Page.

7. The FEPA Certification Commission will recognize the lesser of hours published on the course completion certificate or those on the FEPA Certification Program List of Approved Training. In no case will hours exceed those published on the current FEPA Certification Program List of Approved Training.

8. **Applicants are required to fill out and include a Training Submission Form** for courses that are **NOT** listed on the *"FEPA List of Approved Training"* document. Failure to submit a Training Submission Form for unlisted courses will result in disqualification of the training course. A course description, agenda, syllabus, or curriculum outline is required as part of the training documentation for courses not listed.

9. If the training certificate does not include hours then it is the candidates' responsibility to provide independent verification (i.e. copy of training catalogue or a letter from the organization teaching the course) of training hours for courses which they are seeking credit. Otherwise, one full day of training will equal seven (7) hours of credit.

10. A **maximum of twenty-five (25) hours** will be accepted for any one documented training course.

11. Emergency Management conferences, seminars, or workshops must have attained contact hours to be eligible for consideration. **Maximum credit of ten (10) hours.** If a conference is used in the Training Section, it cannot be duplicated in the Professional Contribution Section.

12. Regionally accredited college or university classroom or independent study courses one semester hour = 1.5 quarter hours = fifteen (15) hours toward certification; one continuing education unit (CEU) = ten (10) hours toward recertification. A Training Submission Form must be filled out for both of these types of courses.

13. **The maximum allowed for any FEMA Independent Study Course submitted is ten (10) hours *except*** where noted on the *"FEPA List of Approved Training"*. IS courses are not considered as "in a Florida classroom".

14. Leave PDS and ICS pre-populated titles as printed. List additional training courses in alphanumeric order on the Summary of Training Hours Form and present in the order listed.

15. It is suggested that the applicant submit documentation for more than the minimum required hours. This could potentially avoid the denial of the application if a training submission is found to not qualify as valid.

16. Required PDS certificate must be included in the training section.

17. Required ICS training certificates must be included in the training section.

18. Any required courses issued within the last ten years can be included as part of the total required training hours

19. *For Applicants with an Emergency Management Degree*: The following chart shows how many emergency management hours are required based on the time since the degree was awarded:

MASTER'S OR BACHELOR'S DEGREE IN EMERGENCY MANAGEMENT			
Time Since Degree Earned	0 - 2 years	2 – 4 years	4 + years
Total EM Training Hours Needed	50	75	150
EM Training Hours attained in Florida	50	50	50
Minimum hours per mission area	10	20	25

ASSOCIATE'S DEGREE IN EMERGENCY MANAGEMENT		
Time Since Degree Earned	0 - 2 years	2 + years
Total EM Training Hours Needed	75	150
EM Training Hours attained in Florida	50	50
Minimum hours per mission area	10	20

SUMMARY OF TRAINING HOURS

Please Indicate Type of Training: ☒ General Management
 ☐ Emergency Management

See instruction sheets for this section on pages 17 – 19 before completing. Add Phases and location

Title of Training Course (Include Course # if applicable)	Florida Classroom	Course Date	Total Course Hours	Allowable Hours	EM Mission Area
TOTALS					

Please insert certificates and Training Submission Forms in the order they are reported on this form, with documentation behind each Training Submission Form as they are presented. If you are using a second college degree (different from the one which fulfills the Education Requirement), attach a transcript. Supporting documentation must be attached.

SUMMARY OF TRAINING HOURS

Please Indicate Type of Training: ☐ General Management
                                    ☒ Emergency Management

See instruction sheets for this section on pages 17 – 19 before completing. Add Phases and location

Title of Training Course (Include Course # if applicable)	Florida Classroom	Course Date	Total Course Hours	Allowable Hours	EM Mission Area
PDS Certificate			N/A	N/A	
IS 100.HCb					
IS 200.HCa					
IS 700					
IS 800					
ICS 300 (required for FPEM-HC only)					
ICS 400 (required for FPEM-HC only)					
HICS Certificate					
HSEEP Certificate					
8-hour FHA Basic Healthcare Emergency Management					
16-hour FHA Advanced Healthcare Emergency Management					
(Ensure the appropriate number of hours per mission area are tallied below)					
TOTALS					

Protection	Prevention	Mitigation	Response	Recovery

Please insert certificates and Training Submission Forms in the order they are reported on this form, with documentation behind each Training Submission Form as they are presented. If you are using a second college degree (different from the one which fulfills the Education Requirement), attach a transcript. Supporting documentation must be attached.

Duplicate Form as Necessary

SUMMARY OF TRAINING HOURS

Please Indicate Type of Training: ☐ General Management
                                    ☒ Emergency Management

See instruction sheets for this section on pages 17 – 19 before completing. Add Phases and location

Title of Training Course (Include Course # if applicable)	Florida Class	Course Date	Total Course Hours	Allowable Hours	EM Mission Area
(Ensure the appropriate number of hours per mission area are tallied)					
TOTALS					

Protection	Prevention	Mitigation	Response	Recovery

Please insert certificates and Training Submission Forms in the order they are reported on this form, with documentation behind each Training Submission Form as they are presented. If you are using a second college degree (different from the one which fulfills the Education Requirement), attach a transcript. Supporting documentation must be attached.

Duplicate Form as Necessary

TRAINING SUBMISSIONS FORM

Please Indicate Type of Training: ☐ General Management
☐ Emergency Management

See instruction sheets for this section on pages 17 – 19 before completing.

Training Title:

Course Number (as applicable):

Training Source:

Training Length (in hours):   Applicable Mission Area:

Course Description (copy of course description, agenda, syllabus or curriculum outline is acceptable) for those courses not listed on *"FEPA List of Approved Training"*:

Training Content Summary (You may instead attach a copy of the catalog or other printed description of the course or a syllabus):

REMEMBER:

- Attach to this form a college or FEMA transcript, certificate of completion, or final class roster with your name <u>or</u> other acceptable documentation from the institution that conducted the training.

- A **maximum of twenty five (25) hours** will be accepted for any one documented training course.

- See the FEPA Website for the *FEPA List of Approved Training* www.fepa.org

- Documentation must show the number of classroom hours (or college credits for a college course). One college credit equals to fifteen (15) hours and one CEU equals to ten (10) hours

- **A maximum of ten (10) training hours** will be awarded for the successful completion of a FEMA/EMI Independent Study Course except where noted on the *"FEPA List of Approved Training"*.

- **A maximum of seven (7) training hours will be awarded per day, unless otherwise documented.**

- Emergency Management conferences, seminars, or workshops must have attained contact hours to be eligible for consideration. Maximum credit of ten (10) hours.

- Supporting documentation should be attached.

— REPRODUCE THIS FORM AS OFTEN AS NECESSARY —

PROFESSIONAL CONTRIBUTIONS SECTION INSTRUCTIONS

Criteria	Florida Associate Emergency Manager - Healthcare	Florida Professional Emergency Manager - Healthcare
Contributions to Emergency Management	**Four (4)** attained in Florida	**Seven (7)** attained in Florida

The concept of professionalism is ultimately defined as one's contributions to the profession. Candidates can list any and all activities giving special consideration to the most current activities. Specific verification documenting activity is requested such as a letter, certificate, or other proof of activity. Contact information also is solicited for some contributions and will be checked the Commission's discretion.

All submissions must contribute to and support the field of Emergency Management. Contributions must have occurred during the last ten (10) years. **Contributions must clearly demonstrate a commitment to the emergency management profession.**

Each candidate must satisfy the requirement professional contributions to the emergency management community.

1. Contributions submitted for credit must include the date(s) and be verified by adequate documentation.

2. All Professional Contributions **must have occurred within the last ten (10) years.**

3. All Professional Contributions must be obtained in Florida or obtained as part of a Florida Supported Deployment.

4. Each category is limited to one (1) contribution credit.

5. Do not duplicate any activities already included in the application (i.e., Disaster Experience or Exercise).

6. It is suggested to submit more than the minimum contributions (i.e., If you are required to submit seven (7) Contributions, submit an extra one (1) or two (2) to make sure that the requirements are fulfilled).

7. Pay close attention to **NOTES** that may be at the top of the Contribution Submittal Form. This will indicate what is being focused on by the reviewing Certification Commissioners.

8. **Documentation must be submitted to clearly support your claim of the activity.** Commissioners do not contact the provided reference unless there is a question on the activity or documentation submitted.

9. **Each applicant is required to fill out the Professional Contributions checklist to indicate which Contributions the applicant has submitted documentation**.

10. A Disaster is defined as major event involving impacts or threats to life safety and property requiring a declaration of a state of emergency, a state declaration of emergency, and/or a federal declaration and produces reports (SITREPS, IAPs, etc.).

PROFESSIONAL CONTRIBUTIONS TO EMERGENCY MANAGEMENT CHECKLIST

Checklist must be completed and included in the certification application.

Supporting documentation for each professional contribution to emergency management must show proof of your claim for consideration.

See instruction sheets for this section on page 24 before completing.

Contribution Number	Contribution Name	Description
1 ☐	**Disaster Experience**	Evidence of significant healthcare disaster and recovery management experience delineates that candidate was actively involved in the response or recovery area of an actual disaster. This documentation must show proof of at **least forty eight (48) hours of _active_ involvement** in a single disaster incident in Florida or as part of a Florida supported deployment. (Please refer to page 10 for disaster definition)
2 ☐	**Technical**	Significant role in the design and/or development of a full-scale disaster exercise requiring participation of other hospitals and/or community emergency response agencies. This documentation must demonstrate active involvement in the design and/or development of a healthcare exercise, as well as describe the lessons learned as a result of the simulation.
3 ☐	**Professional Membership**	**Active membership for three (3) years for FPEM-HC or two (2) years for FAEM-HC** in an emergency management related professional organization. FEPA membership does not qualify to fulfill this requirement since the applicant must be a FEPA member to apply for certification.
4 ☐	**Leadership & Participation**	State, regional, or local committee work resulting in a significant positive impact on the emergency management community. Serving as an elected officer or in leadership position on a board of directors, board committee, task force, or special project for a professional, emergency management, or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant's _required_ job duties).
5 ☐	**Speaking**	Develop and participate in a presentation or panel for a **minimum of twenty (20) minutes** (including radio, television, educational, video, etc.) related to an emergency management issue. The audience may be a community or professional group. Applicant must be the presenter.
6 ☐	**Teaching or Instructing**	Complete a formal teaching or instructing commitment relating to an emergency management related course that **equals or exceeds two (2) hours** of actual platform instruction **where a certificate or credits are issued**.
7 ☐	**Publications**	Publication of an emergency management article, research project, or other publication relating to the emergency management field. The article/publication must have an independent editorial review and be published in a document beyond the applicant's control (i.e. staff documents and internal reports do not qualify). Applicant must validate primary or secondary authorship. Publications in online periodicals qualify (peer review publications and about emergency management). A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Applicants must have served as author, co-author, or contributor on publication. Play a significant role in the development or extensive revision of an educational emergency management course of **at least three (3) hours** in length. (Must not be part of the applicant's _required_ job duties).
8 ☐	**Audio-Visual & Interactive**	Personally develop content for distributed emergency management video, computer software application, or other audio-visual tool in the field of emergency management. Applicant must validate participation and significant development role. Applicant must show proof of involvement in the development. **PowerPoint type presentations are not applicable**

9 ☐	**Awards or Special Recognition**	Received an award achieved through a nomination process in the field of emergency management or special recognition in conjunction with an emergency management activity.
10 ☐	**Coordination / Cooperation**	Contribution to enhance an emergency management project within the State of Florida.
11 ☐	**Special Assignment**	Involvement in a special assignment for a committee, task force, or working group addressing a disaster/emergency management issue. The resulting product or decisions must make a significant contribution to or impact in the emergency management community.
12 ☐	**Service Role**	Service project as a contribution to the local community of the candidate as it directly relates to enhance emergency management activities. Serving on a board of directors, committee, task force, or special project for a professional or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant's required job duties).
13 ☐	**Professional Development**	Attendance at a national or state conference or annual meeting relevant to emergency management.
14 ☐	**Mitigation Activity**	Contributions toward or activities in support of reducing your community's vulnerabilities to hazards. The applicant must document a local mitigation activity that supports reducing your community hazard vulnerability (e.g., <u>active</u> member of the community's local mitigation strategy team, development of a mitigation program, etc.).
15 ☐	**Legislative or Regulatory Commission Activity**	Significant contact with an elected representative or independent governmental regulator commission created by legislative act at the national, state or local level regarding an emergency management issue. The applicant must show that they have had an ongoing dialogue with the representative.
16 ☐	**APS**	Receipt of the Advanced Professional Series (APS) Certificate.
17 ☐	**EMI Master Trainer or FEPA Master Instructor**	Receipt of the EMI Master Trainer or FEPA Master Instructor designation.

1. DISASTER EXPERIENCE

Evidence of significant healthcare disaster and recovery management experience delineates that candidate was actively involved in the response or recovery phase of an actual disaster. (Please refer to page 10 for disaster definition)

a. This documentation must show proof of at **least forty eight (48) hours of _active_ involvement** in a single disaster incident in Florida or as part of a Florida supported deployment.

b. **This disaster experience cannot be a duplicate of the one used in the Work History / Experience section.**

See the instruction sheet for this section page 24 – 26 before completing.

Type of disaster event:

Date/duration of experience:

Location of experience:

Describe the magnitude and severity on the community of the disaster:

Describe your role during the event:

Describe any lessons learned from your participation in this event:

Name and phone number of individual who can verify service:

2. TECHNICAL

Significant role in the design and/or development of a full-scale disaster exercise requiring the participation of other hospitals and/or community emergency response agencies.

This documentation must demonstrate active involvement in the design and/or development of a healthcare exercise, as well as describe the lessons learned as a result of the simulation.

See the instruction sheet for this section page 24 – 26 before completing.

Type of exercise:

Date and location of the exercise:

Briefly describe the objectives of the exercise:

Describe the exercise scenario:

Describe your role prior to, during, and after the exercise:

Describe the lessons you learned from the exercise:

Name and phone number of individual who can verify service:

3. PROFESSIONAL MEMBERSHIP

Active membership for three (3) years for FPEM-HC or two (2) years for FAEM-HC in an emergency management related professional organization. The basis of qualification for this contribution is the organization's mission, which should be concerned about one or more phases of emergency management and consistent with the protection of life and property from disaster. If the mission of the organization is not apparent by its title, it should be provided in verifiable format (such as from the organization's website). The scope of the organization should be state, national, or international. Examples include professional organizations such as IAEM, NEMA, The Joint Commission, Florida Hospital Association's Security, Emergency Management & Safety (SEMS) and Association of Contingency Planners.

a. **Submit a copy of the <u>current</u> membership card or membership directory for each year of membership. One (1) single membership organization for the required number of years or any combination of organizations over the required period. While multiple organizations may be used, documentation of different years must be provided.**

b. **FEPA membership does not qualify for this contribution since applicant must have FEPA membership to be initially eligible for certification.**

See the instruction sheet for this section page 24 – 26 before completing.

Membership years:

Name of association or organization:

Describe how the association or organization relates to emergency preparedness:

Describe how your affiliations with association or organization benefit you and the organization you represent:

4. LEADERSHIP AND PARTICIPATION

This is State, regional or local committee work resulting in a significant positive impact on the emergency management community. Serving as an elected officer or in a leadership position on a board of directors, board committee, task force, or special project for a professional, emergency management, or jurisdictional organization contributing to or supporting emergency management **(must not be part of the applicant's required job duties)**.

Contributions must clearly demonstrate a commitment to the emergency management profession above and beyond that normally expected from completion of an individual's job responsibilities. Any assignment indicated in the applicant's job description does not meet the criteria for a leadership role contribution. (I.e. A contribution that does not meet the criteria is a leadership or service role on a task force or committee that is identified in your job description or part of the mission of your organization.)

a. **Applicant must demonstrate being an actual Officer or Board member, utilizing one single service role.**

b. **Minimum of one (1) year participation in the leadership role.**

c. **Documentation must be provided (i.e. Documentation may be a list of the Board/Officer members with their assignment, copy of meeting minutes listing your leadership position, etc.).**

See the instruction sheet for this section page 24 – 26 before completing.

Time frame/length of service:

Elected Officer/Position:

Sponsoring organizations (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Individual who can verify your leadership role (list name and telephone number):

Certification by supervisor or other appropriate person that this activity was not part of the applicant's routine job requirements:

Name: _____ Title: _____

Signature: _____ Date: _____

5. SPEAKING

Develop and participate in a presentation or panel for a **minimum of twenty (20) minutes** (including radio, television, educational, video, etc.) related to an emergency management issue.

a. The audience may be a community or professional group.

b. Applicant must be the presenter.

c. Applicant must attach verification of presentation.

See the instruction sheet for this section page 24 – 26 before completing.

Date of activity:

Location of activity:

Sponsoring organization:

Length of engagement:

Description of engagement:

Name and phone number of individual who can verify speaking engagement:

6. TEACHING OR INSTRUCTING

Complete a formal teaching or instructing commitment relating to an emergency management related course, which **equals or exceeds two (2) hours** of actual platform instruction **where a certificate or credits are issued**. The emphasis of this area is teaching an aspect of emergency management.

Example of teaching under this category include teaching a course on emergency management at a college or university, teaching professional development course of two (2) hours or more related to emergency management, or similar instructional commitment where the emphasis is on professional emergency management topics.   Teaching is intended to impart the profession of emergency management. For example, ICS or All Hazards Planning courses would be acceptable.

a. Providing technical skills training (HAZMAT, Fire, Law Enforcement, or EMS) to technical or professional people is not teaching professional emergency management.

b. **Applicant must attach verification of teaching or instructing.**

See the instruction sheet for this section page 24 – 26 before completing.

Date of activity:

Location of activity:

Sponsoring organization:

Length of engagement:

Description of engagement:

Name and phone number of individual who can verify teaching or instruction commitment:

7. PUBLICATIONS

This refers to a publication of an emergency management article, research project, or other publication relating to the emergency management field. The article/publication must have an independent editorial review and be published in a document beyond the applicant's control (i.e. staff documents and internal reports do not qualify). Applicant must validate primary or secondary authorship. Publications in online periodicals qualify (peer review publications and about emergency management). A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Applicants must have served as author, co-author, or contributor on publication. Play a significant role in the development or extensive revision of an educational emergency management course of at least three (3) hours in length. (Must **not** be part of the applicant's *required* job duties).

a. Applicant must validate primary or secondary authorship.

b. A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc.

c. Announcements, flyers, and documents written as work projects will not be considered.

See the instruction sheet for this section page 24 – 26 before completing.

(Please check one) ☐ Primary Authorship   ☐ Secondary Authorship

Title:

Publication source:

Publication date:

Description of publications contribution to the emergency management field:

Name and phone number of individual who can verify publication:

Certification by supervisor or other appropriate person that this activity was not part of the applicant's routine job requirements:

Name: _____Title: _____

Signature: _____ Date: _____

8. AUDIOVISUAL AND INTERACTIVE PRODUCT

Personally develop content for distributed emergency management video, computer software application, or other audiovisual tool in the field of emergency management. Contributions must clearly demonstrate a commitment to the emergency management profession above and beyond that normally expected from completion of an individual's job responsibilities. Any assignment indicated in the candidate's job description does not meet the criteria for Audiovisual and Interactive Product contribution (i.e. development of forms or a computer program that is identified in your job or part of the mission of your organization to include video of an exercise in which you participated).

a. Applicant must validate participation and significant development role at time of submission.

b. Applicant must show proof of involvement in the development.

c. PowerPoint type presentations are not applicable.

See the instruction sheet for this section page 24 – 26 before completing.

Title:

Date of production:

Sponsoring organizations (be specific):

URL, if a web site:

Description of product:

Description of its significant contribution(s) to the emergency management field (include references to product audience):

Name and phone number of individual who can verify Audiovisual and Interactive Product:

9. AWARDS OR SPECIAL RECOGNITIONS

Received an award achieved through a nomination process in the field of emergency management, or special recognition in conjunction with an emergency management activity.

To satisfy this requirement, applicant may submit any award, honor, or special recognition received within the emergency management community or in conjunction with emergency preparedness activity. The award, honor, or special recognition must be personalized (i.e. addressed or inscribed) and refer directly to the candidate. Recognition from a source external to your own organization is more within keeping with the intent of professional contribution.

a. An award from the City/County Administrator or Board, state or federal agencies for emergency management related activities to the individual are an example of the type of recognition envisioned.

b. Awards for longevity (25 years of service) or routine performance awards are not adequate for inclusion under this category. Routine mass mailed thank you letters or certificate of participation are not acceptable.

c. **The Professional Development Series (PDS) or Advanced Professional Series (APS) do not qualify.**

d. **Applicant must submit proof documenting receiving award or special recognition and date is suitable to verify.**

See the instruction sheet for this section page 24 – 26 before completing.

Date of award/special recognition:

Title of award/special recognition:

Sponsoring organization:

Describe the award/special recognition and your role and contribution that led to your selection as the recipient (be specific):

Describe why the award is unique or special:

Name and phone number of individual who can verify award/special recognition:

10. COORDINATION AND COOPERATION

A contribution to enhance an emergency management project within the State of Florida.

Applicant must describe the project and demonstrate that the resulting project or decisions must make a significant contribution or impact to emergency management within the State of Florida.

See the instruction sheet for this section page 24 – 26 before completing.

Time frame/length of service:

Description of project:

Description of your role in the project:

Description of the results of the project:

Description of product and/or coordination:

Name and phone number of individual who can verify project:

11. SPECIAL ASSIGNMENT

Is an involvement in a special assignment for a committee task force or working group addressing disaster/emergency management issues. The resulting product or decisions must make a significant contribution to or impact on the emergency management community.

There needs to be documentation that this assignment is an individual accomplishment rather than a position requirement. A special assignment is not something that is a core part of your job. However, a positive response does not necessarily disqualify but will require further explanation, (a letter from either the appointing authority or the committee/task force chair) describing the non-routine and special professional contribution made by the applicant.

a. Verification of assignment must be attached.

See the instruction sheet for this section page 24 – 26 before completing.

Time frame/length of service:

Committee/task force title:

Sponsoring organization (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Individual who can verify your service on the special assignment (list name and telephone number):

12. SERVICE ROLE

Service project is a contribution to the local community of the applicant as it directly relates to enhance emergency management activities. Serving on a board of directors, committee, task force, or special project for a professional or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant's required job duties).

This service should not be one of the core duties of employment. For example, being a member of a Local Emergency Planning Committee (LEPC) is sometimes a requirement of employment. Serving on a multijurisdictional committee/task force where the individual is asked to serve because of their emergency management knowledge is acceptable.

Documentation substantiating the service role, such as a letter of appointment or meeting minutes showing the candidate's attendance and participation, etc. must be provided.

See the instruction sheet for this section page 24 – 26 before completing.

Time frame/length of service:

Committee/task force title:

Sponsoring organization (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Name and phone number of individual who can verify service role:

Certification by supervisor or other appropriate person that this activity was not part of the applicant's routine job requirements:

Name: _____ Title: _____

Signature: _____ Date: _____

13. PROFESSIONAL DEVELOPMENT

Attendance at a national or state conference or annual meeting relevant to emergency management. Acceptable conferences may be hosted by national, state, regional, or local agencies with an emergency management role.

a. **Training (how to) workshops do not fulfill this requirement.** A one or two day meeting on a single topic is considered a workshop.

b. **Applicants <u>cannot duplicate</u> a conference here when they have sought the ten (10) hour training credit in the Training Section.**

c. **Applicant must submit a verification of attendance (e.g., acknowledgment letter, certification of attendance, etc.).**

See the instruction sheet for this section page 24 – 26 before completing.

Title of Conference:

Sponsoring Organization:

Date of Conference:

Location of Conference:

Description of benefits derived from attendance:

Verification Contact/Phone:

14. MITIGATION ACTIVITY

Contributions are toward or activities in support of reducing your community's vulnerabilities to hazards.

The applicant must document a local mitigation activity that supports reducing your community hazard vulnerability (e.g., active member of the community's local mitigation strategy team, developing a mitigation program, etc.).

See the instruction sheet for this section page 24 – 26 before completing.

Time frame/length of involvement:

Description of mitigation activity:

Description of your role in the activity:

Description of the results of the activity:

Description of coordination:

Name and phone number of individual who can verify involvement:

15. LEGISLATIVE OR REGULATORY COMMISSION ACTIVITY

Significant contact with an elected representative or independent governmental regulatory commission created by legislative act at the national, state or local level regarding an emergency management issue. The applicant must show that they have had an ongoing dialogue with the representative.

Applicant must submit a verification of the resulting legislative activity (e.g., original correspondence detailing the issue; agency legislative contact form or memorandum to file documenting contact and discussion details; acknowledgment letter on letterhead responding with technical specifics of issue; whitepapers, constituent surveys or data reports; certificate of appreciation, etc.).

See the instruction sheet for this section page 24 – 26 before completing.

Date(s) of contact:

Description the issue:

Description of the results of the contact:

Name and phone number of individual who can verify involvement:

16. ADVANCED PROFESSIONAL SERIES

Receipt of the Advanced Professional Series (APS) Certificate **(attach copy of certificate)**.

See the instruction sheet for this section page 24 – 26 before completing.

Date of issue:

Description the professional benefit:

Describe lessons learned from your participation:

17. EMI MASTER TRAINER OR FEPA MASTER INSTRUCTOR

Receipt of the EMI Master Trainer or FEPA Master Instructor designation **(attach copy of certificate or notification of receipt of credential)**.

See the instruction sheet for this section page 24 – 26 before completing.

Date of issue:

Description the professional benefit:

Describe lessons learned from your participation: