



Certified Floodplain Manager Program

Application Package

(Revised August 17, 2007)

Certified Floodplain Manager Program Application Package

Introduction

This application package for certification in the Arkansas Floodplain Management Association (AFMA) certified floodplain manager (CFM) program has been developed by the AFMA professional development certification committee (PDCC) and includes the following:

- Submittal checklist
- Application for certification
- Fee schedule
- Acknowledgement & disclaimer
- Code of Professional Conduct
- Decertification acknowledgement
- Professional reference form

The initial designation of CFM is granted upon successful completion of three steps:

- Submittal of an application and appropriate fee
- Submittal of a reference
- Obtaining a passing score on the certification examination

The application collects basic information regarding the applicant's identity and one written reference from a supervisor or peer professional. Additional information may be requested to assist AFMA in maintaining demographic information and to determine the fairness of the exam.

Applicants must sign the application, and by doing so, acknowledge that certification is awarded on condition of successful completion of the minimum qualification requirements, which includes obtaining a satisfactory score on the exam to be prepared and scored by the PDCC. Applicants must also agree to abide by the Code of Professional Conduct and the Decertification Acknowledgement.

Complete the required forms and return them with your non-refundable application fee which covers costs associated with the application package, review of your application, and administering of the exam. Additional fees will be required for your biennial recertifications. Upon receipt, review, and approval of a completed application, you will be notified of your eligibility to take the exam and specific dates, times and locations where the exam is offered.

Submittal Checklist

Please include the following documents when applying for certification. Many of these documents require your signature and all must be completed in their entirety.

- _____ Application form (two pages)
- _____ Acknowledgement & disclaimer (one page)
- _____ Code of Professional Conduct (one page)
- _____ Decertification acknowledgement (one page)
- _____ Professional reference (one page)
- _____ Application fee (make checks payable to AFMA)

Mailing Instructions

Please submit your application documents to the following address:

AFMA CFM Program
P.O. Box 3251
Little Rock, AR 72203

Additional Details

- Photo identification is required at the time of examination.
- Report address and employment changes immediately so the PDCC can correspond with you for recertification and CEC awards.
- You do not need to include this page with your application package.

Certificate Number

Office Use Only

Application for Certification as a Floodplain Manager in Arkansas

A Program Administered by the Arkansas Floodplain Management Association (AFMA)

CFM® is a Registered Trademark of the Association of State Floodplain Managers (ASFPM)

Last Name _____ First Name _____ Middle Initial or Name _____

Date of Birth: _____ Place of Birth: _____

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Start Date: _____

Employer: _____

Work Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address (personal or work): _____

Work Number: _____ Fax Number: _____

Mobile Number: _____ Home Number: _____

Please check the following areas of responsibility in which you are involved:

- | | |
|--|--|
| <input type="checkbox"/> Floodplain Management | <input type="checkbox"/> Zoning Enforcement |
| <input type="checkbox"/> Hazard Mitigation | <input type="checkbox"/> Multi-Objective Management |
| <input type="checkbox"/> Building Code Enforcement | <input type="checkbox"/> Community Rating System (CRS) |
| <input type="checkbox"/> Building Inspection | <input type="checkbox"/> Subdivision Review |
| <input type="checkbox"/> Health Codes | <input type="checkbox"/> Planning Review |
| <input type="checkbox"/> On-Site Septic Systems | <input type="checkbox"/> Water & Wastewater Systems |
| <input type="checkbox"/> Storm Water Management | <input type="checkbox"/> Environmental Management |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Other: _____ |

Is floodplain management your primary responsibility at work? ___ yes ___ no

Please describe your primary responsibility and percentage of time devoted to floodplain management:

Please describe your involvement in any special floodplain management or mitigation project that resulted in a reduction in flood hazard within your community (project / date / location):

Additional work experience other than employment listed on previous page:

Employer City / State Title Duration (years)

Employer City / State Title Duration (years)

Please indicate which (if any) of the following training courses you have completed:

_____ *Managing Floodplains Through the National Flood Insurance Program (NFIP) Training*

_____ The FEMA Home Study Course

_____ Other federal training course: _____

State floodplain management training courses: _____

Any related floodplain management courses: _____

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

List professional associations / organizations in which you maintain membership / held office:

Organization Office Term (years)

Organization Office Term (years)

Professional publications (book, article or conference paper) related to floodplain management, hazard mitigation, storm water management, or a related field:

Title Venue Date

Title Venue Date

Schedule of Fees

In order to cover the costs of administering the certification program, fees are collected for specific actions. Please make your check payable to AFMA. **Do not send cash.**

The PDCC has established the following fees:

	AFMA Member	Non-Member
A. Application, exam, certification	\$35.00	\$100.00
B. Biennial renewal	\$25.00	\$50.00
C. Appeal fee	\$25.00	\$50.00

Additional fees may be established as the certification program progresses.

Mailing Instructions

Please submit your application documents to the following address:

AFMA CFM Program
P.O. Box 3251
Little Rock, AR 72203

Acknowledgement & Disclaimer

I have read and agree to abide by the foregoing rules and procedures of the Arkansas Floodplain Management Association (AFMA) certified floodplain manager (CFM) program as adopted by the professional development certification committee (PDCC).

I also agree to complete all application requirements, provide necessary documentation, and take all examinations as may be required for the processing of my application. Upon my registration as a certified floodplain manager, I agree to be bound by the conditions of renewal as contained in the CFM program.

I further understand that the fee submitted with this application is non-refundable and that all documentation submitted in support of said application becomes the property of AFMA. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold AFMA 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 examination, the grades with respect to any examination, the failure of AFMA to register me as a certified floodplain manager, and any other aspect of the CFM program. I hereby grant permission to AFMA and the PDCC 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 PDCC, I shall return to AFMA my certificate, identification card, and any other items issued as part of the CFM program.

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 my failure to be registered as a certified floodplain manager, or the possible revocation of my certification. I understand that all information provided as part of this application will remain strictly confidential unless authorized by me in writing to release the information to a requesting party. A letter will be sent, however, to my supervisor or reference upon successful certification as a CFM.

I hereby attest that the information provided herein is factual and that I fully understand all conditions, the Code of Professional Conduct, the Decertification Acknowledgement, rules and procedures of the CFM program, and do hereby agree to conform to all such conditions, rules and procedures.

Date

Name of Applicant (printed)

Name of Applicant (signature)

Code of Professional Conduct

As a certified floodplain manager, I agree to abide by the following tenets of the Code of Professional Conduct in all of my professional responsibilities.

I will:

- Practice honesty and integrity in all of my professional relationships with the public, peers and employer.
- Be truthful and accurate in professional communications.
- Be fair and considerate of all persons.
- 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 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.
- Be dedicated to serving the profession of floodplain management and to improving the quality of life.

Date

Name of Applicant (printed)

Name of Applicant (signature)

Decertification Acknowledgement

- A. A certified floodplain manager (CFM) may be decertified for failure to fulfill the requirements specified in the Charter for Professional Certification of Floodplain Managers by the biennial recertification date.
- B. A CFM may be decertified for unprofessional conduct if one of the following occurs:
 - 1) Conviction of a crime or any felony directly related to professional duties.
 - 2) Falsification, intentional destruction or modification of official records or documents relating to professional duties; or otherwise knowingly providing misleading information related to professional duties or floodplain management.
 - 3) Acceptance or solicitation of money or anything of value directly or indirectly that may be expected to influence actions or judgment in a manner outside of commonly accepted practices or values.
 - 4) Use of position in an illegal, dishonest, or unprofessional way to influence or gain a financial or other benefit, advantage or privilege for personal benefit or benefit of immediate family or organization with which associated.
 - 5) Violation of the Code of Professional Conduct.
- C. Information regarding unprofessional conduct of a CFM must be submitted to the AFMA board of directors in writing. No anonymous submittals will be accepted. If the chairman of the Professional Development Certification Committee (PDCC) determines that consideration of decertification may be warranted, the charges and all supporting documentation will be forwarded to the CFM by certified mail. The CFM shall have 30 days upon receipt thereof to respond in writing to the charges.
- D. If a CFM has not fulfilled renewal requirements by the biennial renewal date or has not responded to the charges of unprofessional conduct by the specified deadline, a letter of decertification will be forwarded to the individual by certified mail which states the individual may no longer use the designation of "AFMA Certified Floodplain Manager" or use the registered trademark CFM in any way for a period of time specified in the letter. The individual may reapply to take the CFM exam after that period had expired.
- E. If the CFM submits appropriate information by the deadline, procedures in the program charter will be followed.

By signing this document, I acknowledge that I have carefully read and fully understand the foregoing decertification policy and procedure, and I voluntarily accept its application to my continued standing as a certified floodplain manager.

Date

Name of Applicant (printed)

Name of Applicant (signature)

Professional Reference Form

A letter of reference that incorporates the information requested herein is acceptable in lieu of this form. Self-employed applicants use a professional reference in lieu of a supervisor.

Applicant Last Name **First Name** **Middle Initial or Name**

Home Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Job Title: _____ **From:** _____ **To:** _____

Employing Organization: _____

Work Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Supervisor Name: _____ **Title:** _____

Supervisor Email Address: _____

Supervisor Phone: _____ **Supervisor Fax:** _____

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 regular responsibilities included floodplain management and other duties pertaining to the National Flood Insurance Program (NFIP).

Briefly describe job responsibilities of the applicant. Please note if other than full time.

Please check the type of establishment in which the work is / was performed:

_____ City Government	_____ Private
_____ County Government	_____ Academia
_____ State Agency	_____ Other: _____
_____ Federal Agency	

Date

Name of Supervisor (signature)