450 Prestonsburg St. West Liberty, KY 41472



http://www.kyema.org

CREDENTIAL FOR PROFESSIONALISM The Certified Kentucky Emergency Manager Program

APPLICATION PACKET

Section 1: Contact Information	(APPROVED 27 MAY 2014
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Name:				
Position/Title:				
Agency/Organization:				
County:				
Mailing Address:				
City, State, Zip:				
Phone/ E-Mail:				
Supervisor				
Name/Title:				
Supervisor				
Phone/Address:				
Supervisor				
City/State/ZIP:				
Check Note:	Money Order Credit/Debit Card (Attach receipt)			
1) Copies of documento	tion must be submitted in support of those items claimed in Sections 3,			
<mark>4, 5, and 6.</mark>				
2) Full explanation for each requirement is detailed in the KEMA document: CREDENTIAL FOR				
PROFESSIONALISM: The Certified Kentucky Emergency Manager Program.				
Section 3: KCEM Certification Requirements – Initial, Recertification and Reciprocity				
 Current KEMA Membership High School Diploma or Equivalent (not required for <i>Recertification</i> or <i>Reciprocity</i>) Currently occupies an emergency management position within the state of Kentucky Job Description 				

Letter from supervisor supporting	g the candidate and verifying a	job description			
demonstrating the four phases of emergency management					
Signed original of the CKEM Code of Professional Conduct Form is included					
Proceed to Section 4 for INITIAL, Section	n 5 for RECERTIFICATION, or Se	ction 6 for RECIPROCITY			
Section 4: Initial CKEM Requirements					
4 years of emergency management experience Exercise: Significant role in the design and development of a disaster exercise FEMA PDS Certificate FEMA APS Certificate 6 contributions to the profession Accumulation of 150 Points Minimum Points Claimed must be 150, No more than 50 points from any one category.					
Category:	Eligible Points	Points			
	Per Item:	Claimed			
Experience (beyond 4 years)	5 per year				
Letters of Reference	5 per letter				
FEMA/EMI/DHS/ Consortium Courses	1 per hour				
FEMA IS Courses	2 per IS Course				
Exercise Submission (additional)	20 per				
College Degree	Associate's 10 points				
-	Bachelor's 20 points				
	Master's 30 points				
Six contributions to the profession; of which three must have been completed in the State of Kentucky.					
Contribution Category: Des	cription:				
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STOP – Proceed to Section 7					
Section 5: Recertification CKEM Requirements					
A years of emergency management experience					
4 years of emergency management experience Exercise: Significant role in the design and development of a disaster exercise					

6 contributions to the profession Accumulation of 150 Points				
Points Claimed = 150 Required, No more than 50 points from any one category. Points must have been earned after last certification date.				
Catagory			Points	
Category: Letters of Reference	5 per	lattar	Points	
FEMA/EMI/DHS/ Consortium Courses				
FEMA IS Courses	1 per hour 2 per IS Course			
Exercise Submission (additional)	20 pei			
College Degree	•	iate's 10 points		
0011080 208100		lor's 20 points		
		er's 30 points		
Six contributions to the profession; of which three must have been completed in the State of Kentucky.				
Contribution Category:		Description:		
STOP – Proceed to Section 7				
Section 6: Reciprocity CKEM Requireme	ents			
Attach copy of certificate from issuing agency/organization.Attach a letter requesting reciprocity.				
STOP – Proceed to Section 7				
Section 7: Application Assembly				
Application packet and supporting documentation are placed into a 2" or smaller three ring binder				
Documentation in the "Portrait"	format	is bound on the left si	de	
Documentation in the "Landscape	Documentation in the "Landscape" format is bound on the top			
Section tabs are used to clearly delineate sections of the packet				
Applicant name is clearly visible on the front exterior of the binder				
Fees/receipt are enclosed in the front pocket of the binder				

STOP — Mail your application packet according to the guidance above and listed in the guidance document.

For Certification Committee Use Only

Date Received:				
Fee Received:				
Preliminary Check Completed By:				
Date Preliminary Check Completed:				
Certification Board Review Date:				
Certification Committee Review Signatures & Date Reviewed:				
Der 🗌 Ret	urn for Additional Information			
Reason for Denial or Other Review Committee Notes:				
Date Notification Sent:				
Certification Expiration Date:				