

APPLICATION PACKAGE

for the

NEW MEXICO CERTIFIED FLOODPLAIN MANAGER PROGRAM (CFM®) EXAM



Administered by the

NEW MEXICO FLOODPLAIN MANAGERS ASSOCIATION

NEW MEXICO FLOODPLAIN MANAGERS ASSOCIATION

APPLICATION FOR THE CFM EXAMINATION

Dear Applicant:

Enclosed is an application package for registration in the New Mexico Certified Floodplain Manager (CFM) Program. It includes application forms, a fee schedule, an acknowledgement and disclaimer, a Code of Professional Conduct, a Decertification Acknowledgement Form, and a Professional Reference Form. The Information Package for the NM CFM Program, available on our web site, describes the CFM program in detail. The initial NM CFM certification will be granted upon successful completion of three steps: (1) submitting the completed application, fee, and signed acknowledgement/disclaimer, decertification acknowledgement, and code of professional conduct; (2) submitting a reference; and (3) passing the certification examination.

The application requires basic information regarding the applicant's identity and one written reference from a supervisor. The application must 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 the NM Floodplain Managers Association (NMFMA). The applicant must also sign the Acknowledgement and Disclaimer and the Decertification Acknowledgement Form and agree to abide by the Code of Professional Conduct.

Please complete the required forms and send them with your nonrefundable application fee to the CFM Program Administrator (see page 5). (This fee includes your initial two-year certificate. A renewal fee will be required when you submit your CECs for recertification in two years.) Upon receipt, review, and approval of a completed application, you will be notified of eligibility to take the exam and of the exam dates and locations. A photo I.D. will be required at the time of examination for the purpose of identification.

Submittal Checklist:

- _____ Completed Application Form (3 pages)
- _____ Signed copy of Acknowledgement and Disclaimer (1 page)
- _____ Signed copy of Decertification Acknowledgement Form (1 page)
- _____ Signed copy of Code of Professional Conduct (1 page)
- _____ Professional Reference (1 page)
- _____ Application Fee

Note: A person granted certification under this Program will be recognized by ASFPM as a Certified Floodplain Manager (CFM). This recognition is valid in all states except those with their own accredited CFM Program. States with an ASFPM accredited CFM Program will determine the conditions for certification in that state. Persons who have been certified in New Mexico prior to the adoption of this new program will not be recognized as certified under the new ASFPM accredited certification program. As an ASFPM accredited program, the New Mexico CFM program is authorized to use the CFM[®] registered trademark.

Important -- Report address and/or employment changes immediately.

NMFMA CERTIFIED FLOODPLAIN MANAGER APPLICATION

APPLICANT INFORMATION (PRINT CLEARLY)

_____ Mr.
Last Name *First Name* *Middle Initial* Ms.

Name to appear on certificate if different from above _____

Date of Birth _____

Employer _____

Job Title _____ Years of FP Management Experience _____

Professional Mailing Address _____

City/State/Zip _____

Telephone: Work (_____) _____ Home (_____) _____

Fax (_____) _____ Email _____

Residence Address _____

City/State/Zip _____

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

- | | |
|-------------------------------|----------------------------------|
| _____ Floodplain Management | _____ Environmental Management |
| _____ Hazard Mitigation | _____ Insurance |
| _____ Community Rating System | _____ Planning and Zoning |
| _____ Building Inspection | _____ Stormwater Management |
| _____ Emergency Management | _____ Water & Wastewater Systems |
| _____ Engineering | |

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:

<i>Employer</i>	<i>City/State</i>	<i>Title</i>	<i>Duration</i>
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Have you completed any of the following training courses?

<i>Yes</i>	<i>No</i>	<i>Course Name</i>
___	___	FEMA's Managing Floodplain Development through the NFIP
___	___	FEMA 480 Study Guide and Desk Reference
___	___	Any other federal 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:

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

<i>Organization</i>	<i>Office</i>	<i>Term</i>

Have you ever been registered by any other Certified Floodplain Manager Program?

NO ___ YES ___ Registration # _____ Date Issued _____

Name of program _____

I hereby attest that the information provided on this application is factual and that I have read and fully understand all the conditions and procedures of the NM CFM Program. I acknowledge 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 the NMFMA.

Signature of Applicant

Date

PAYMENT METHOD

_____ Check _____ Purchase Order _____ On Line _____ Other

PAYMENT AMOUNT \$ _____

FEES

The following fees have been established by the NMFMA:

	<u>Individual Member NMFMA*</u>	<u>Others</u>
Application packet & Exam	\$50	\$150
Biennial Renewal	\$25	\$150
Retake Exam	\$25	\$25
Late Renewal	\$25	\$50
Request for Appeal	\$75	\$75

Please indicate the NMFMA Conference/Workshop date and location where you wish to take the CFM Exam _____

**Mail Application to: NMFMA Certification Board
PO Box 1235
Las Cruces, NM 88004**

ACKNOWLEDGMENT & DISCLAIMER

I have read and agree to abide by the foregoing rules and procedures of the New Mexico Certified Floodplain Manager Program. 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 Charter. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of NMFMA. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the New Mexico Floodplain Managers Association 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 the Association to register me as a Certified Floodplain Manager, and any other aspect of the CFM Program. I hereby grant permission to NMFMA and the Certification Board 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 Certified Floodplain Manager, upon the revocation, suspension, or cancellation of my certification by action of the Certification Board, I shall return my Certificate, identification card, and any other items issued as part of the CFM Certification to NMFMA. If the New Mexico Certified Floodplain Manager Program would cease to exist, I agree to relinquish my State Certification and not hold ASFPM or any other organization or agency responsible for such program termination.

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 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 the Certified Floodplain Manager Program and do hereby agree to conform to all of the same conditions, code, rules, and procedures.

Signature of Applicant

Date

Printed Name of Applicant

DECERTIFICATION ACKNOWLEDGEMENT FORM

- A. A CFM may be decertified for failure to fulfill the requirements specified in the New Mexico CFM Charter by the renewal date.
- B. A CFM may be decertified for unprofessional conduct if he/she has:
 - (1) Been convicted of a crime or any felony directly related to his or her professional duties;
 - (2) 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;
 - (3) 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;
 - (4) 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
 - (5) Violated the Code of Professional Conduct listed in the NM CFM Charter.
- C. Information on a CFM's unprofessional conduct must be submitted to the NMFMA Certification Board in writing. No anonymous submittals will be accepted. If the Certification Board 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.
- D. 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 "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.
- E. If the CFM does submit the appropriate papers by the deadline, the procedures in NM CFM Charter shall be followed.

In 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.

Signature of Applicant

Date

Printed Name of Applicant

CODE OF PROFESSIONAL CONDUCT

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

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 my 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 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 to the profession of floodplain management and to improving the quality of life.*

Signature of Applicant

Date

Printed Name of Applicant

PROFESSIONAL REFERENCE FORM

Note: A letter of reference containing the requested information would be acceptable in lieu of this form. Self-employed persons may use a professional reference other than a supervisor. When you pass the CFM exam, this person will be sent a letter of notification and your official CFM Certificate.

PLEASE PRINT CLEARLY

Applicant Name

Employing Organization

Applicant's Title

Employed From/To

Professional Mailing Address

City/State/Zip

(Mr.)
(Ms.)

Supervisor Name

Title

Supervisor Phone/Fax

Email

I, _____, (Supervisor) certify that I have supervised/employed the above named applicant. I know of my own knowledge that said person was employed as indicated.

Briefly describe job responsibilities of applicant:

Supervisor Signature

Date