

**APPLICATION PACKAGE
for the
CERTIFIED FLOODPLAIN MANAGER (CFM®) PROGRAM**



CFM® is a registered trademark of the Association of State Floodplain Managers (ASFPM)

Administered by the

ARKANSAS FLOODPLAIN MANAGEMENT ASSOCIATION, INC.

Revised 2014

ARKANSAS FLOODPLAIN MANAGEMENT ASSOCIATION CERTIFIED FLOODPLAIN MANAGER (CFM®) APPLICATION

Dear Applicant:

Enclosed is an application package for registration in the Arkansas Floodplain Management Association (AFMA) Certified Floodplain Manager (CFM®) Program, as developed by the Professional Development Certification Committee (PDCC).

This application package includes:

- Submittal checklist
- Two (2) page application form
- Fee schedule
- Acknowledgement and disclaimer
- Code of Professional Conduct
- Decertification acknowledgement
- Professional reference form

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

Applicants must sign the application, and by doing so, acknowledge that the certification is awarded on condition of successful completion of the minimum qualification requirements, which includes obtaining a satisfactory score on a national exam to be prepared the Association of State Floodplain Managers, Inc. (ASFPM) and scored by the PDCC of AFMA. (CFM® is a Registered Trademark of the Association of State Floodplain Managers.) The applicant shall further agree to abide by the Code of Professional Conduct and Decertification Policy.

Complete the required forms and return them with your application fee, which covers costs associated with the application package, review of the application and administering the exam. Additional fees will be required when applying for biennial renewal. Upon receipt, review and approval of a completed application, the applicant will be notified of eligibility to take the exam and specific dates and locations.

The initial AFMA CFM will be granted upon successful completion the completed application and registration fee, and passage of the certification exam.

Submittal Checklist

Please be sure to include the following with application:

_____ Completed Application Form (2 pages)

_____ Acknowledgement and Disclaimer (1 page)

_____ Signed copy of Code of Professional Conduct (1 page)

_____ Signed copy of Decertification Acknowledgement Form (1 page)

_____ Professional Reference (1 page)

_____ Application Fee

_____ **Mail entire application package to: Arkansas Floodplain Management Association
P.O. Box 3251
Little Rock, AR 72203**

Note: A photo I.D. will be required at the time of examination for the purpose of identification.

Certificate Number

For Office Use Only

**"Thank you for applying for registration as a
Certified Floodplain Manager"**

AFMA CERTIFIED FLOODPLAIN MANAGER APPLICATION

APPLICANT INFORMATION

<i>Last Name</i>	<i>First</i>	<i>Middle</i>
Name to appear on certificate if different from above _____		
Date of Birth _____	Place of Birth _____	
Employer _____		
Job Title _____	Start Date _____	
Work Mailing Address _____		
City/State/Zip _____		
Telephone: Work (_____) _____	Home (_____) _____	
Cell (_____) _____	Fax (_____) _____	
Email _____		
Residence Address _____		
City/State/Zip _____		

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

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

- | | |
|--|---|
| <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 |
| <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"/> Stormwater Management | <input type="checkbox"/> Environmental Management |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Other _____ |

Is floodplain management your primary responsibility with your employer?
 YES ___ NO ___ Describe your primary responsibility and % of time devoted to FPM _____

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

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?

Yes No Course Name

___ ___ FEMA's "Managing Floodplains Through the National Flood Insurance Program" Training Course

___ ___ 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>
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PAYMENT

FEES

The following fees have been established:

	<u>AFMA MEMBER</u>	<u>OTHER</u>
Request for application packet, review, & examination	\$35	\$100
BIENNIAL Renewal	\$25	\$50
Late fee	\$15	\$15
Appeal Fee	\$25	\$50

Mail check payable to:

**Arkansas Floodplain Management Association
P.O. Box 3251
Little Rock, AR 72203**

ACKNOWLEDGMENT & DISCLAIMER

I have read and agree to abide by the foregoing rules and procedures of the 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 nonrefundable and that the materials submitted for consideration become the property of AFMA. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the Arkansas Floodplain Management Association, Inc. 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 (CFM[®]) and any other aspect of the CFM[®]. 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 Certified Floodplain Manager (CFM[®]), upon the revocation, suspension or cancellation of my certification by action of the PDCC, I shall return my Certificate, identification card and any other items issued as part of the CFM[®] to AFMA.

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. However, a letter will be sent to the supervisor or referee upon successful certification as a CFM.

I hereby attest that the information provided is factual and that I fully understand all conditions, code of professional conduct, rules and procedures of the Certified Floodplain Manager (CFM[®]) Program and do hereby agree to conform to all such conditions, rules and procedures.

Date

Printed Name of Applicant

Signature of Applicant

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

Signed _____ Date _____

Printed Name _____

DECERTIFICATION ACKNOWLEDGEMENT FORM

- A. A (CFM[®]) may be decertified for failure to fulfill the requirements specified in AFMA's Certification "Program Charter" by the renewal 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 his or her professional duties;
 - (2) Falsification, intentional destruction, or modification of official records or documents relating professional duties, or otherwise knowingly provided misleading information related to 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 acceptable 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 benefit or for benefit of immediate family or organization with which he or she is associated; or
 - (5) Violation of the Code of Professional Conduct.
- C. Information regarding unprofessional conduct of a (CFM[®]) must be submitted to the AFMA's Board of Directors in writing. No anonymous submittals will be accepted. If the Chair of the Professional Development and Certification Committee (PDCC) 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 biennial renewal date or has not responded to the charges of unprofessional conduct by the specified deadline, a letter will be forwarded to the individual by certified mail which states that the individual may no longer use the designation as "AFMA Certified Floodplain Manager" or use the 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 AFMA's "Program Charter" will 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 (CFM[®]).

Signed _____ Date _____

Printed Name _____

AFMA CERTIFIED FLOODPLAIN MANAGER PROGRAM

PROFESSIONAL REFERENCE FORM

In lieu of this form, a letter of reference incorporating the information requested herein is acceptable.
Note: Self-employed persons may use a professional reference other than a supervisor.

Applicant Name

Job Title

Employing Organization

Supervisor Name and Title

Supervisor Phone

Fax

Email

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

Briefly describe job responsibilities of applicant, please indicate if other than full time:

Check type of establishment or office in which work is/was performed:

____ City Government

____ County Government

____ Private

____ State Agency

____ Federal Agency

____ Academia

____ Other, specify: _____

Supervisor Signature _____ Date _____