



Initial Application for the
Professional Emergency Manager (VaPEM) or
Associate Emergency Manager (VaAEM)

Certification

Updated March 2017

Email completed application to:
Virginia Emergency Management Association
VEMA@VEMAweb.org

Disclaimer: The Virginia Emergency Management Association (VEMA) is not establishing standards governing the conduct of any emergency managers, nor establishing any set procedures for work performance. The certification program is designated to establish educational, training, and experience criteria relevant to emergency management in the Commonwealth of Virginia and to certify that an individual has met these criteria.



VIRGINIA EMERGENCY MANAGEMENT ASSOCIATION

P.O. Box 29069 · Henrico, VA 23242-0069

P: 804-643-0080 · F: 804-643-0311

VEMA@VEMAweb.org

Application Type: ___ VaPEM ___ VaAEM

Applicant Information

Name: _____

Current Position/Title: _____

Organization: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business fax: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Preferred mailing address: ___ Business ___ Home

I understand that certification is subject to the VEMA Certification Committee approval, and if granted, is current for a five year period. I will execute the necessary documents and supply further information as determined by the Committee. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application or subsequent certification. I give permission for verification of any information contained in this package.

Signed: _____ Date: _____

VaPEM Applications: If the Review Committee does not find this application to meet the requirements for Professional Emergency Manager, but it does meet Associate Emergency Manager application requirements, I agree to accept the AEM designation.

_____ (initial)



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Work History/Experience (3 years or equivalent required)

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Title: _____

Employed from (Mo/Yr): _____ / _____ To (Mo/Yr): _____ / _____

Average Hours worked per week: _____ Percent of time on Emergency Mgmt.: _____

Your Job Title: _____

Your Duties: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Title: _____

Employed from (Mo/Yr): _____ / _____ To (Mo/Yr): _____ / _____

Average Hours worked per week: _____ Percent of time on Emergency Mgmt.: _____

Your Job Title: _____

Your Duties: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Supervisor Name: _____

Supervisor Phone: _____

Supervisor Title: _____

Employed from (Mo/Yr): _____ / _____ To (Mo/Yr): _____ / _____

Average Hours worked per week: _____ Percent of time on Emergency Mgmt.: _____

Your Job Title: _____

Your Duties: _____



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References (3 required)

REFERENCE #1 (Current Supervisor) Please include letter of support from current supervisor.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

REFERENCE #2

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

REFERENCE #3

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____







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Required Training

FEMA's Professional Development Series (these hours may be included in Training Hours Submissions as well)

Completed		Course Number	Course Title
Y	N	IS-120.a	An Introduction to Exercises
Y	N	IS-230.b	Fundamentals of Emergency Management
Y	N	IS 235.b	Emergency Planning
Y	N	IS-240.a	Leadership & Influence
Y	N	IS-241.a	Decision Making and Problem Solving
Y	N	IS-242.a	Effective Communication
Y	N	IS-244.a	Developing and Managing Volunteers



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TRAINING SUBMISSION FORM

(Duplicate form as necessary)

(Required for all non-FEMA and non-VDEM training)

Please Indicate Type of Training:

General Management
Emergency Management

Training Title: _____

Course Number (if applicable): _____

Training Source: _____

Training Date: _____

Training Length (in hours): _____

Training content summary (You may attach a copy of the catalog or other printed description of the course or a syllabus): _____

Describe practical applications of training opportunities as you have utilized those learning principles: _____



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Education

High School Diploma or GED:

Name of School or Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Attendance: _____

Degree/Diploma Received: Yes No If yes, type: _____

If no, # of hours completed _____ Quarter Hours Semester Hours
Copy of Transcript/Diploma attached

OR

College/University Diploma

Name of School or Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Attendance: _____

Degree/Diploma Received: Yes No If yes, type: _____

If no, # of hours completed _____ Quarter Hours Semester Hours
Copy of Transcript/Diploma attached



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Contributions to Emergency Management (Six required)

These pages (pages 10-13) are not required to be included in the application.

Criterion	VaAEM	VaPEM	Requirement	Recommended Documentation
Professional Contributions	Four Required (two are required to have been performed in or directly impacting Virginia)	Six Required (three are required to have been performed in or directly impacting Virginia)	The candidate shall submit at least (but not limited to) six professional Contributions having occurred in the last five years. Each category is limited to one submission. Each submission shall be required to submit the Professional Contributions Checklist.	Each submission shall include third-party, independent verification indicating completion and specific role. Below are additional recommendations for each type of contribution.
Disaster Experience			The candidate has documented experience operating in a disaster situation in an emergency management role.	Documentation should include either a copy of an Incident Action Plan and/or an After Action Report/Improvement Plan.
Exercise Design Experience			The candidate has documented experience in exercise development in an Exercise Planning Team role.	Documentation should include either a copy of an Exercise Plan and/or an After Action Report/Improvement Plan.
Professional Membership			The candidate holds/held a membership in an emergency management-related association for two	The documentation should be certificates of membership.



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Criterion	VaAEM	VaPEM	Requirement	Recommended Documentation
			years (i.e a national, international or state-level emergency management association).	
Leadership and/or Participation			The candidate served as a leader of or major contributor to a state, regional, local, or federal committee/task force addressing a significant emergency management issue.	The documentation should be official meeting minutes or a letter from an organization official attesting to the candidate's role.
Speaking Engagements			The candidate provided three 20-minute or longer talks on an emergency management topic.	The documentation should include letters of thanks from event leaders indicating the length and topic of the presentation. Powerpoint slides and/or agendas do not provide proof of completion and are not acceptable.
Teaching or Instructing			The candidate provided a minimum of 12 hours of classroom instruction.	The documentation should include a confirmation from the institution/organization identifying the number of hours teaching and the subject matter taught. A copy of a syllabus or sign-in sheets does not provide proof of completion.
Publications			The candidate published an emergency	The documentation should include a copy of the final product. Internal



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Criterion	VaAEM	VaPEM	Requirement	Recommended Documentation
			management-related article or research project. The final product must have been published in a distributed forum.	newsletters do not qualify. Bulleted lists do not qualify.
Audio-Visual Products			The candidate published an emergency management-related audio-visual product.	The documentation should include (ideally) a link to the product, screenshots of the product, and a letter from a third-party authority. Powerpoint slides do not qualify.
Awards or Recognition			The candidate received an award or recognition for an individual or small team accomplishment related to emergency management.	The documentation should include a copy of the award/citation, etc. stating the action or work that resulted in the award.
Mitigation Activity			The candidate completed a project that substantially decreased the impact of a hazard.	The documentation should be thorough and include independent verification of the candidate's work on this activity.
Special Assignment			The candidate completed a special assignment contributing to emergency management that was outside of the daily duties.	The documentation should include a letter from an authority (on letterhead) stating the candidate's actions and that they were not a part of their daily duties.



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Criterion	VaAEM	VaPEM	Requirement	Recommended Documentation
Service Role			The candidate completed a service project directly relating to enhancing emergency management activities.	The documentation should include a letter from an authority (on letterhead) stating the candidate's actions.
Professional Development			The candidate attended national or state level conferences for at least 20 contact hours.	The documentation should include certificates of attendance. Agendas, registrations, and other general documents do not prove attendance. If the certificates do not state contact hours or IACET hours, 6 hours will be awarded per day.
Other			The candidate may have completed a major contribution to the profession that does not fall into any other category.	Provide ample documentation including third-party, independent verification of the candidate's role.



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This checklist/cover sheet should be used ahead of each professional contribution submission in the application PDF packet.

Professional Contribution Type (check one)¹:

☐	Disaster Experience	☐	Audio-Visual
☐	Exercise Design Experience	☐	Awards or Recognition
☐	Professional Membership	☐	Mitigation Activity
☐	Leadership and/or Participation	☐	Special Assignment
☐	Speaking Engagements	☐	Service Role
☐	Teaching or Instructing	☐	Professional Development
☐	Publications	☐	Other

Date(s) of Contribution²:

Did this contribution occur in or directly impact Virginia³? Yes / No

Please provide a description of the contribution you are submitting:

Describe your role in this contribution:

Describe the documentation you have provided⁴:

¹ Only one submission per contribution type will be accepted

² Must have occurred in the ten years prior to date of submission of the application

³ For VaPEM, three of the six approved contributions must have occurred in or directly impacted Virginia.
For VaAEM, two of the four approved contributions must have occurred in or directly impacted Virginia.

⁴ The best documentation is comes from third parties and verifies the candidate's role in the contribution.