



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

Revised March 2017

Email completed application to:  
Virginia Emergency Management Association  
[VEMA@VEMAweb.org](mailto: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

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## **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: \_\_\_\_\_



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**Work History/Experience** (3 years or equivalent and job description 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: \_\_\_\_\_

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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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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: \_\_\_\_\_

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**Disaster/Exercise Experience** (1 required – occurring since last date of certification)

Experience

Disaster Experience

Exercise Experience

Location: \_\_\_\_\_

Date/duration of disaster or exercise: \_\_\_\_\_

Describe the disaster or exercise (be specific): \_\_\_\_\_

Describe your role/position (be specific): \_\_\_\_\_

Describe what you have learned through your participation (be specific):



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**References** (1 required from current supervisor)

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

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_







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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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**Contributions to Emergency Management (Six required)**

Please see Application Guidelines document on the website for further information on each contribution type.

Criterion	VaAEM	VaPEM	Requirement	Recommended Documentation
<b>Professional Contributions</b>	<p><b>Four Required</b></p> <p>(two are required to have been performed in or directly impacting Virginia)</p>	<p><b>Six Required</b></p> <p>(three are required to have been performed in or directly impacting Virginia)</p>	<p>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.</p>	<p>Each submission shall include third-party, independent verification indicating completion and specific role. Below are additional recommendations for each type of contribution.</p>
<b>Disaster Experience</b>			<p>The candidate has documented experience operating in a disaster situation in an emergency management role.</p>	<p>Documentation should include either a copy of an Incident Action Plan and/or an After Action Report/Improvement Plan.</p>
<b>Exercise Design Experience</b>			<p>The candidate has documented experience in exercise development in an Exercise Planning Team role.</p>	<p>Documentation should include either a copy of an Exercise Plan and/or an After Action Report/Improvement Plan.</p>
<b>Professional Membership</b>			<p>The candidate holds/held a membership in an emergency management-related</p>	<p>The documentation should be certificates of membership.</p>



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Criterion	VaAEM	VaPEM	Requirement	Recommended Documentation
			association for two years (i.e a national, international or state-level emergency management association).	
<b>Leadership and/or Participation</b>			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.
<b>Speaking Engagements</b>			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.
<b>Teaching or Instructing</b>			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.
<b>Publications</b>			The candidate published an	The documentation should include a copy of the final



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Criterion	VaAEM	VaPEM	Requirement	Recommended Documentation
			emergency management-related article or research project. The final product must have been published in a distributed forum.	product. Internal newsletters do not qualify. Bulleted lists do not qualify.
<b>Audio-Visual Products</b>			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.
<b>Awards or Recognition</b>			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.
<b>Mitigation Activity</b>			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.
<b>Special Assignment</b>			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
<b>Service Role</b>			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.
<b>Professional Development</b>			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.
<b>Other</b>			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)<sup>1</sup>:**

<input type="checkbox"/>	Disaster Experience	<input type="checkbox"/>	Audio-Visual
<input type="checkbox"/>	Exercise Design Experience	<input type="checkbox"/>	Awards or Recognition
<input type="checkbox"/>	Professional Membership	<input type="checkbox"/>	Mitigation Activity
<input type="checkbox"/>	Leadership and/or Participation	<input type="checkbox"/>	Special Assignment
<input type="checkbox"/>	Speaking Engagements	<input type="checkbox"/>	Service Role
<input type="checkbox"/>	Teaching or Instructing	<input type="checkbox"/>	Professional Development
<input type="checkbox"/>	Publications	<input type="checkbox"/>	Other

**Date(s) of Contribution<sup>2</sup>:**

**Did this contribution occur in or directly impact Virginia<sup>3</sup>?      Yes / No**

**Please provide a description of the contribution you are submitting:**

**Describe your role in this contribution:**

**Describe the documentation you have provided<sup>4</sup>:**

<sup>1</sup> Only one submission per contribution type will be accepted.

<sup>2</sup> Must have occurred since your most recent certification or recertification

<sup>3</sup> 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.

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