

# KANSAS EMERGENCY MANAGEMENT ASSOCIATION

## Kansas Certified Emergency Manager (KCEM)

### Initial Application

Date Certified

DATE:

*For office use only*

#### APPLICANT INFORMATION:

NAME:

TITLE:

AGENCY/ORGANIZATION:

E-MAIL:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE #:

#### FORMAL EDUCATION:

HIGH SCHOOL:

YEAR GRADUATED:

YEARS COMPLETED BEYOND H.S.:

POST H.S./COLLEGE INSTITUTION:

#### EMERGENCY MANAGEMENT EXPERIENCE:

CURRENT EM POSITION:

CURRENT JURISDICTION/ORGANIZATION:

NUMBER OF YEARS/MONTHS IN CURRENT POSITION:

(A copy of your current emergency management related job description or letter from your employer describing your emergency management role must accompany the application.)

OTHER PREVIOUS EMERGENCY EXPERIENCE:

POSITION	ORGANIZATION	DATES	SUPERVISOR CONTACT INFORMATION

#### PLANNING REQUIREMENTS:

Give the date and location of the planning course. Include a copy of the certificate of completion.

Date:

Location:

Course Number:

Course Name:

**EXERCISE REQUIREMENTS:**

Give the date and location of the IS-120: An Introduction to Exercises, IS-130: Exercise Evaluation and Improvement Planning, KDEM’s Exercise Design for Discussion Based Exercises, and Exercise Design for Operations Based Exercises. Send a copy of your EMI transcript or a copy of the certificate of completion. Also, documentation of exercise experience, at least two exercises in the past four-year period. (See Criteria For Certification A.3.b.2) These classes DO NOT count toward your professional education/training.

IS-120	Date:	Location:
IS-130	Date:	Location:
KS-132 Exercise Design for Discussion Based	Date:	Location:
KS-133 Exercise Design for Operations Based	Date:	Location:
<b>Homeland Security Exercise and Evaluation Program</b>	Date:	Location:

**NIMS REQUIREMENTS:**

Give the date and location of the NIMS classes IS 100, IS 200, IS 700, IS 800, ICS 300 & G/L/K-191 (For further clarification on the current NIMS requirements for EMs, please contact the Chair for Initial Certifications.). Certificates must accompany this information. These classes DO NOT count toward your professional education/training.

IS 100	Date:	Location:
IS 200	Date:	Location:
IS 700	Date:	Location:
IS 800	Date:	Location:
ICS 300	Date:	Location:
G/L/K-191	Date:	Location:

**PROFESSIONAL EDUCATION/TRAINING:**

**In addition to the above requirements, another eighty (80) hours of professional education/training is required, of which forty-five (45) of those 80 hours will be Emergency Management-based courses, including the required courses listed in Criteria for Certification A.3.b.4.i.**

Include a copy of the course certificate, and if appropriate, include a transcript(s) from KDEM/FEMA for training completed **within the past eight (8) years**. CEUs or Classroom hours **must be listed** on the certificate.

IS 230	Date:	Location:
IS 240	Date:	Location:
IS 241	Date:	Location:
IS 242	Date:	Location:
IS 244	Date:	Location:
IS 2200	Date:	Location:

Other Professional Education/Training:

COURSE NUMBER & NAME	LOCATION	DATES

**APPLICATION FEE:**

\$100 Initial Application Fee

KEMA Member Waiver of Application Fees  
(Enclose KEMA Membership Card)

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_

# Initial Certification



## CHECKLIST

DATE: \_\_\_\_\_

This checklist has been developed to provide a guide to those applying for KCEM Recertification. Below are the items that should be included in your packet when submitting your Recertification Application. This page may also be used as a cover sheet to the application to assist in organizing your documentation.

No	REQUIREMENTS	<input checked="" type="checkbox"/>
1	Completed Application.	
2	Copy of current job description showing emergency management job functions.	
3	Planning Course Certificate IS-235 Emergency Planning or IS 362.A: Multi-Hazard Safety Program for Schools.	
4	Training Certificates for IS-120, IS-130, KS-132, KS-133, or in lieu of KS-132 and KS-133 can take E/L/K139, E/L0050, and E/L/K0131.	
5	Documentation showing participation in the design, execution, evaluation, and proposed improvement planning for two (2) exercises in the last two-year period.	
6	Certificate for completion of HSEEP	
7	Training Certificates showing completion of NIMS Requirements.	
8	80 hours of Professional Education/Training to include IS-230, IS-240, IS-241, IS-242, IS-244, and IS-2200.	
9	Sponsorship Letter from current KEMA Board Member.	
10	Short (paragraph) biography and headshot photo.	
11	Copy of KEMA Membership Card if waiving application fee box is checked on application. If not a KEMA Member, \$100 fee should be included.	