

APPLICATION PACKET

**CERTIFIED FLOODPLAIN MANAGER
PROGRAM
(CFM[®] PROGRAM)**

Administered by the
OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc.



**OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc.
CERTIFIED FLOODPLAIN MANAGER (CFM®) APPLICATION**



Dear Applicant:

Enclosed is an application packet for registration as a Certified Floodplain Manager (CFM®) through the Oklahoma Floodplain Managers Association's Inc. Certified Floodplain Manager Program, as developed by the Professional Development Certification Committee. It is advisable to obtain a copy of the Program Charter, Study Guide and CEC Criteria. These documents can be down loaded from the OFMA Home Page at <http://www.okflood.org>. The Charter contains the rules for initial certification and renewal. Hard copies of these documents can be obtained by calling (918) 669-7198.

Please complete this application and return with the nonrefundable application fee to OFMA, P.O. Box 8101, Tulsa, OK 74101-8101. This fee includes your initial certification. An additional fee will be required for renewal.

CFM® will be granted upon successful completion of three steps: 1) approval of completed application; 2) submittal of fee; and 3) passing the certification exam. Upon receipt, review and approval of a completed application, you will be notified of eligibility to take the exam and the exam date and location. Please remember confidentiality of the exam is required to maintain professionalism in the CFM® Program. Please note the CFM® exam is closed book, proctored and only pre-approved applicants can take it. CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to valid CFMs.

In order to facilitate the processing of your application in a timely manner, please remember to include:

- _____ \$50.00 Application Fee
- _____ Completed Application Form, signed and notarized
- _____ Signed Copy of Code of Professional Conduct
- _____ Signed Acknowledgment & Disclaimer Form
- _____ Employment Affidavit Form & Supervisor or Personal Reference
- _____ Verification of Current Member OFMA
- _____ Signed Copy of Decertification Acknowledgement Form
- _____ Photo attached

**OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc.
CERTIFIED FLOODPLAIN MANAGER PROGRAM**

GENERAL INFORMATION

1. Applicant's Name:

(Last) (First) (Middle) (Maiden)

2. Name on certificate if different from above:

INDICATE PREFERRED MAILING ADDRESS

3. Work Address: _____

(City) (State) (Zip)

4. Home Address: _____

(City) (State) (Zip)

5. Telephone (include Area Code):

Work _____ Home _____

6. Fax Number (include Area Code): _____

7. E-mail Address: _____

8. List other State or association registrations, certifications or licenses held by you:

9. Have you ever been registered by the OFMA Certified Floodplain Manager Program or other professional floodplain manager program. YES ____ NO ____

If YES, please give registration number and name if different from above:

10. List all professional associations or organizations in which you maintain membership.

EXPERIENCE AND REFERENCES

Current Employment

11. Employer: _____

Address: _____

(City) (State) (Zip)

Job Title: _____

Date of Employment: From (Month/Year) _____ To: Present

12. Name of Supervisor: _____

Job Title: _____

Telephone Number: _____

Fax Number: _____

13. A. Is floodplain management your primary responsibility with your employer?

YES _____ NO _____ , If NO, please describe your primary responsibility and indicate what percentage of your time is devoted to floodplain management:_____.

B. Please check any of the following areas of responsibility which you are involved with:

- | | |
|--|---|
| <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 (please list): |

14. Have you had additional work experience in floodplain management or a related field other than above?

YES ___ NO ___ If YES, please complete the following section.

If NO, please continue to the next section of the application.

Employer's Name: _____

Address: _____

Job Title: _____

Briefly Describe Job:

Date of Employment: From (Month/Year) _____ To: _____

EDUCATION

15. Did you graduate from high school or complete a GED? YES ___ NO ___ If YES, please provide the following information:

Name of school: _____

Location: _____

Date of graduation or completion of GED: _____

16. Have you completed any additional courses of instruction at a university, college or technical school? YES ___ NO ___ If YES, please provide the following information:

Name of school: _____

Location: _____

Number of years of instruction: _____

Dates of Instruction: _____

Did you graduate? YES _____ NO _____

If YES, Date of Graduation: _____

Type of Degree: _____

Major Course of Study: _____ Minor: _____

Are you a registered, professional engineer? YES ___ NO ___

Are you registered in Oklahoma? YES _____ NO _____

If NO, what state: _____

Do you have training in water resources, hydrology and hydraulics? YES ___ NO ___

17. Have you completed any advanced degree courses of instruction at a university or college?

YES ___ NO ___ If YES, please provide the following information:

Name of school: _____

Location: _____

Number of years of instruction: _____

Dates of instruction: _____

Did you obtain an advanced degree? YES _____ NO _____

Date: _____

Type of degree: _____

Major course of study: _____

TRAINING

18. Have you completed FEMA's "Managing Floodplain Development Through the National Flood Insurance Program" 5 day training course? YES ___ NO ___ if YES, please provide the following:

Location: _____

Date of Completion: _____ and attach copy of certificate.

19. Have you ever attended any conference or training seminar offered by the Oklahoma Floodplain Management Association, Inc. for floodplain managers?

YES ___ NO ___ If YES, please provide the following:

Location: _____

Date of conference: _____

20. Have you attended any other type of training course, workshop or seminar which you feel is applicable to floodplain management? YES ___ NO ___ . If YES, please provide:

Type of course/workshop/seminar: _____

Location: _____

Date of Completion: _____

Conducted By: _____

**OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc.
CFM[®] PROGRAM**

ACKNOWLEDGMENT & DISCLAIMER

In making application to the Certified Floodplain Manager Program for professional certification as a floodplain manager, I have read and agree to abide by the "Certified Floodplain Manager Program" and the rules and procedures as adopted by the Oklahoma Floodplain Management Association, Inc. (OFMA) and 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 the fee submitted with this application is nonrefundable and the materials submitted for consideration become the property of OFMA. I am sure of the schedule of fees and understand that additional fees must be paid to keep my certification current. I further agree to keep the exam contents confidential if approved to take exam.

I agree to hold the Oklahoma Floodplain Managers Association Inc., its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take 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 OFMA and its PDCC to seek any information or references it deems fit in securing my credentials pertinent to this application.

The information which I have provided in this application is truthful. I understand providing false information of any kind may result in revoking this application, failing to be registered as a Certified Floodplain Manager or the revocation of my certification.

I understand all information provided as part of this application will remain strictly confidential to OFMA unless authorized by me in writing to release the information to a requesting party. In the event that OFMA dissolves or is no longer involved in the CFM[®] Program, it is my understanding that my records will be destroyed.

Date

Printed Name of Applicant

Signature of Applicant

CFM® Application

EMPLOYMENT AFFIDAVIT FORM
AND SUPERVISOR OR PERSONAL REFERENCE

*If you have no supervisor a personal reference is required to complete this section.

Name of Applicant:

Address of Applicant:

City, State, Zip: _____

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below:

I, _____, (Supervisor or Personal Reference) certify I have supervised/employed or have known the above listed applicant and know of my own knowledge said person was employed as follows and his/her regularly assigned duties included floodplain management and other duties pertaining to the National Flood Insurance Program:

1. Name of Employer or Personal Reference:

Other means of employment: () Self employed () Independent Contractor

2. Address of Employer or Personal Reference

_____ (Street or Box Number)

(City) (State) (Zip)

3. Supervisor or Personal Reference's Telephone Number: _____

4. Supervisor or Personal Reference's Job Title:

5. Supervisor or Personal Reference's Length of Service:

6. Applicant's Length of Employment: From _____ (Month/Day/Year)
To _____ (Month/Day/Year)

7. Applicant's Job Title:

8. Briefly describe job responsibilities of applicant:

9. Please check any of the following activities which above applicant participates in or has responsibility for:

- | | |
|--|---|
| <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 (Please List): |

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

- () City Government () County Government
() State or Federal Agency
() Other, specify: _____

11. Percentage of time applicant works or worked in floodplain management duties:

12. Other comments or pertinent information?

SUPERVISOR'S OR PERSONAL REFERENCE'S STATEMENT

On this _____ day of _____, 20____, in _____, (City)
Oklahoma,

I, _____, do hereby certify that to the best of my knowledge, the
above information and statements made by me about said applicant are true and correct.

Signature of Supervisor or Personal Reference

**CERTIFIED FLOODPLAIN MANAGER PROGRAM
CODE OF ETHICS**

As an applicant for certification, I hereby pledge to:

- Be honest and trustworthy in all my relationships
- Be reliable in carrying out assignments and responsibilities
- Be truthful and accurate in what we say and write
- Be cooperative and constructive in all work undertaken
- Be fair and considerate in my treatment of all persons
- Be law abiding in all my activities
- Be committed to improving floodplain management in my community and the state of Oklahoma in a superior way
- Be economical in utilizing OFMA, State and community resources
- Be dedicated in service to my profession and to improvement of the quality of life in the world in which I live

Signature: _____ Date: _____

Print Name: _____

**OFMA CERTIFIED FLOODPLAIN MANAGER PROGRAM
DECERTIFICATION ACKNOWLEDGEMENT FORM**

A copy of this signed document must be submitted with this Certified Floodplain Manager (CFM[®]) renewal.

- A. A CFM may be decertified for failure to fulfill the requirements specified in PDCC's 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 PDCC's Charter.
- C. Information on a CFM's unprofessional conduct must be submitted to the PDCC Board in writing. No anonymous submittals will be accepted. If the 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 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 an "OFMA 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 PDCC's 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.

Signed _____ Date _____

Printed Name _____

Application/Certification

Thanks for applying for registration as a Certified Floodplain Manager (CFM®), and good luck.

I hereby attest to the below signing notary, that I have carefully read the foregoing statement and I 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, rules and procedures.

_____ Date

_____ Printed Name of Applicant

_____ Signature of Applicant

NOTARY STATEMENT

The State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20____.

Notary Public in and for _____ County, Oklahoma or _____.

_____ Signature of Notary

Affix Seal