# The **R**hode **I**sland **A**ssociation of **E**mergency **M**anagers (RIAEM) Professional Certification Program

Supporting the Profession of Emergency Management through Meaningful & Achievable Standards



January 2020

| RIAFM    | Professional | Certification   | Program     |
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# Overview of the RIAEM Professional Certification Program (PCP)

The goal of the RIAEM Professional Certification Program (PCP) is to advance and maintain professional EM standards at the state and local level. To streamline the RIAEM certification process, the PCP is closely aligned with the International Association of Emergency Managers (IAEM) Certified Emergency Manager CEM® program. We believe by closer alignment it will be easier to achieve IAEM CEM® by incrementally achieving the RIAEM PCP certifications. The RIAEM Professional Development Committee (PDC) will reevaluate the certification requirements every two years and make recommend and revisions or updates to the RIAEM Board for approval. Our ideal would be to have all members achieving Rhode Island Certified Emergency Manager (RICEM) or IAEM CEM® status.

#### **Certification Levels and Standards**

There are three levels of state certification: RI Basic Emergency Manager (RIBEM), RI Intermediate Emergency Manager (RILEM) and RI Certified Emergency Manager (RICEM).

Each certification level has two main components of certification: General Requirements and Contributions.

General Requirements include: Work History, Experience, Reference, Education, Training and an Essay. All applications will include all six of these elements in accordance with the Certification Matrix. Contributions include: Membership, Conference, Service Role, Leadership Role, Special Assignment, Speaking, Teaching, Course Development, Publication, Audio/Visual Products, Awards, Legislative, Conducting Research, and Other. A RIBEM application does not require Contributions. A RIIEM application will include contributions in any three (3) of these categories. A RICEM application will include contributions in any five (5) of these categories. See the RIAEM Professional Certification Matrix on page 6 for details.

#### **Recertification Standards:**

Professional Certification from the Rhode Island Association of Emergency Managers at any level is valid for five (5) years from the date of issuance. Recertification consists of a Contribution requirement for **RIIEM** or **RICEM** levels and a Training requirement for all levels of certification. See the RIAEM Professional Re-Certification Matrix on page 7 for details.

## **Certification/Recertification Review:**

The PDC is the screening panel for all certification applications. Should there be no RICEM/CEM® members sitting on the PDC, a temporary review board consisting of at least two (2) *current* RIAEM recognized RICEMs, or *current* IAEM CEM® Certified Emergency Managers will review the application. Applicants will have up to a year from original application submission to correct any deficiencies. Certifications are good for the five (5) year period after certification is awarded. Application fees, payable by check to RIAEM, of \$15 for **RIBEM**, \$25 for **RIIEM**, and \$50 for **RICEM** must accompany the application.

#### **Upgrading a Certification:**

Recipients of any level of Professional Certification from the Rhode Island Association of Emergency Managers may upgrade to a higher level certification as long as their current certification remains valid. Submit additional documentation to meet the higher level of certification and the difference in application fee (\$10 to upgrade from RIBEM to RICEM, \$25 to upgrade from RIBEM to RICEM, \$35 to upgrade from RIBEM to RICEM) to the Professional Development Committee for review in the same manner as a normal application. See the RIAEM Professional Certification Matrix on page 7 for details. Upgraded certifications remain valid until the date of the original, lower level certification and then must be renewed at the new certification level.

## **Application Process in Detail (See next page for flowchart)**

Applicants may present any member of the RIAEM Board or the PDC with their application packet and application fee (payable by check to RIAEM). Applicants may also mail their complete application and application fee to:

RIAEM Certification P.O. Box 8365 Cranston, RI 02920

Once an application package and fee has been received, the President/Board or designee will forward the package to the PDC Chair. There will be a maximum turn-around time of 90 days from receipt to decision. The Professional Development Committee will review for completeness, assign reviewers (if necessary), and make a recommendation to the President/Board. The President/Board will either:

- 1 Arrange for a proper presentation of certification at the next available RIAEM meeting or pre-arranged time, or
- 2 Return the package to the applicant for required information or further proof of attributes from the applicant.

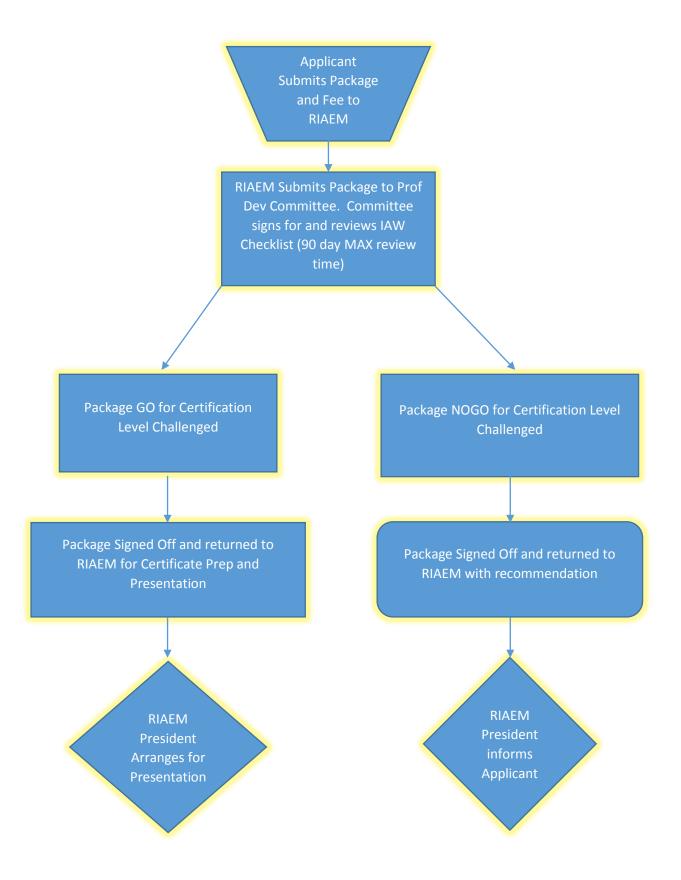
#### **Process Information**

Once submitted, certification applicants should address questions or concerns to the points of contact listed on the Association website or email <a href="mailto:secretary@riaem.com">secretary@riaem.com</a>

#### Disclaimer:

The RIAEM Professional Certification Program (PCP) certifications are not in any manner intended to serve as a warranty, representation, guarantee, or promise with respect to the quality of performance of or procedures utilized by certified emergency managers in their work. The certification program is intended only to establish education, training and experience criteria relevant to emergency management, and to certify that the RIAEM certified individual has met the established criteria.

RIAEM specifically disclaims any and all liability for any third party claims, actions, causes of action, judgments, liabilities, monetary losses, or injuries or damages to persons or property arising out of or resulting from the services performed by or any errors or omissions on the part of any RIAEM Professional Certification Program awardee.



# **RIAEM Professional Certification Matrix**

| Do savissom sa ta             | Certification Levels   |  |  |  |
|-------------------------------|--|--|--|--|
| Requirements                  | RIBEM  | RIIEM  | RICEM  |  |
| Work History                  | No requirement   | 1 year or more   | 3 years or more  |  |
| Experience                    | Exercise of any type,<br>Major public event,<br>or Actual disaster | Exercise of any type,<br>Major public event,<br>or Actual disaster | Full scale exercise,<br>2 Functional exercises,<br>Major public event, or<br>Actual disaster |  |
| References                    | Current supervisor   | Current supervisor plus 2 others                                   | Current supervisor plus 2 others   |  |
| Education                     | HS Diploma or<br>equivalent  | Associate's degree or completion of EM certificate program         | Bachelor's Degree<br>or higher   |  |
| Training                      | General – 50 hrs.<br>Emergency – 50 hrs.                           | General – 100 hrs.<br>Emergency – 100 hrs.                         | General – 100 hrs.<br>Emergency – 100 hrs.   |  |
| Essay                         | No requirement   | 1,000-1,500 word<br>academic-quality<br>essay/paper                | 1,000-1,500 word<br>academic-quality<br>essay/paper  |  |
| Contributions                 | No requirement   | Pick any 3   | Pick any <mark>5</mark>  |  |
|                               | Possible Co  | ontributions   |  |  |
| A - Membership<br>(3+ years)  | E – Special<br>Assignment  | I – Publication  | M - Legislative<br>Contact   |  |
| B – Conference<br>(40+ hours) | <b>F – Speaking</b> (3+ presentations)                             | J – Audio-Visual<br>Products                                       | N – Conducting<br>Research   |  |
| C - Service Role              | <b>G - Teaching</b> (3+ hrs instruction)                           | K - Awards/Special<br>Recognition                                  | 0 - Other  |  |
| D - Leadership Role           | H - Course<br>Development<br>(course of 3+ hrs)                    | L – not used   |  |  |

A detailed description and acceptable documentation for each of these contributions appears on that contribution's submission sheet.

# **RIAEM Professional Re-Certification Matrix**

| Doguinoments                     | Certification Levels                       |  |  |
|----------------------------------|--|--|--|
| Requirements                     | RIBEM                                      | RIIEM or RICEM                           |  |
| Training                         | General – 25 hrs.<br>Emergency – 25 hrs.   | General – 50 hrs.<br>Emergency – 50 hrs. |  |
| Contributions                    | No requirement                             | Pick any <mark>3</mark>                  |  |
| ]                                | Possible Contribution                      | IS                                       |  |
| <b>A - Membership</b> (3+ years) | <b>F - Speaking</b> (3+ presentations)     | K - Awards/Special<br>Recognition        |  |
| B – Conference<br>(40+ hours)    | <b>G - Teaching</b> (3+ hrs instruction)   | L – not used                             |  |
| C - Service Role                 | H - Course  Development (course of 3+ hrs) | M – Legislative<br>Contact               |  |
| D – Leadership Role              | I – Publication                            | N – Conducting<br>Research               |  |
| E – Special<br>Assignment        | J – Audio-Visual<br>Products               | 0 - Other                                |  |

A detailed description and acceptable documentation for each of these contributions appears on that contribution's submission sheet.

# **General Requirements**

There are six general requirements that must be met for certification:

- Work History
- Experience
- Reference
- Education
- Training
- Essay

Each level of certification has unique and individual requirements, with each level, building upon the previous level.

See *Certification Matrix* for details.

All forms provided on pages A-1 through A-10.

# Work History

To satisfy this requirement an applicant must demonstrate the following based on the desired certification level:

| Doguinomenta | Certification Levels |                |                  |
|--------------|----------------------|----------------|------------------|
| Requirements | RIBEM                | RIIEM          | RICEM            |
| Work History | No requirement       | 1 year or more | 3* years or more |

#### **Basic Certification**

No requirement.

#### **Intermediate Certification**

This level requires at least one (1) year of experience.

#### **RICEM Certification**

This level requires at least three (3) years of experience\*. Applicants may utilize the same position for a period of three years or any combination of positions.

#### **Notes**

\*Education Option: An applicant need only demonstrate two (2) years' experience with a baccalaureate degree or higher in disaster/emergency management or closely related field.

The RIAEM Professional Development Committee equates 1,920 hours to one year full-time emergency management work experience. Time spent on volunteer/internship duties may also be counted, but applicants must provide documentation of the total time devoted to disaster/emergency management duties. (Example: letter specifying hours per month multiplied by the number of months performing emergency management duties and signed by volunteer coordinator.)

#### **Documentation**

The applicant *must submit a copy of his/her* **CURRENT** *position description.* If credit for the disaster/emergency management experience is from a **PREVIOUS** job or role, a copy of the position description(s) with the dates of service should be submitted.

If a current position description does not exist, or if a copy needed from a previous job is unavailable, the applicant should attach a signed letter/statement from the current (or past) supervisor that states that (1) a position description does not exist, has been changed, or is unavailable, and (2) outlines (a) the disaster/emergency management functions performed by the applicant, (b) the dates of this service, and (c) the approximate amount of time spent in disaster/emergency management duties.

See form on page A-2.

## **Experience**

To satisfy this requirement an applicant must demonstrate the following based on the desired certification level:

| Doguinomenta | Certification Levels   |  |   |
|--------------|--|--|---|
| Requirements | RIBEM  | RIIEM  | RICEM   |
| Experience   | Exercise of any type,<br>Major public event,<br>or Actual disaster | Exercise of any type,<br>Major public event,<br>or Actual disaster | Full scale exercise,<br>Two (2) Functional<br>exercises,<br>Major public event, or<br>Actual disaster |

#### **Basic Certification**

This level requires participation in at least one (1) exercise of any type in any role. Participating in an exercise as a role-player or on a CERT activated for a disaster or large festival would satisfy this requirement.

#### **Intermediate Certification**

This level has the same requirement as the Basic Certification, but participation must be in a significant emergency management role. Participating in an exercise as a role-player or other participant without significant responsibilities does not satisfy this requirement.

#### **RICEM Certification**

This level requires participation in at least one (1) full scale exercise, two (2) functional exercises, one (1) major public event, or one (1) actual disaster in a significant emergency management role. Participating in an exercise as a role-player or other participant without significant responsibilities does not satisfy this requirement.

#### **Notes**

An exercise must be emergency management or public safety related and must be developed using HSEEP methodology in order to meet the above requirements. Significant roles include, but are not limited to, Incident Command staff, positions within the EOC, Evaluator, Observer, Controller, etc.

#### **Documentation**

A participation certificate or letter/memo from the Exercise Director or jurisdictional official and the Experience Form for each exercise/disaster/event is required as verification of participation.

See forms on pages A-3 through A-5.

## References

To satisfy this requirement an applicant must demonstrate the following based on the desired certification level:

| Doguinomento | Certification Levels |  |  |
|--------------|----------------------|--|--|
| Requirements | RIBEM                | RIIEM                                  | RICEM                                  |
| References   | Current supervisor   | Current supervisor plus two (2) others | Current supervisor plus two (2) others |

#### **Basic Certification**

This level requires a letter of reference, signed and on letterhead from your current supervisor.

#### **Intermediate Certification**

This level requires a letter of reference, signed and on letterhead from your current supervisor and contact information for two more professional references.

#### **RICEM Certification**

Same as **Intermediate Certification**.

#### **Documentation**

The first reference must be your current supervisor. This will be the person responsible for initiating your annual performance or job evaluation or rating, and must be one of the raters. If your supervisor is not a rater or evaluator, then your immediate rater or evaluator must be included as one of the other two references.

Other reference sources who qualify are:

- A past supervisor (within 7 years)
- Local, state or federal government officials or department heads
- Emergency service organization officials (e.g., public, private, military, etc.)
- Local, regional or national disaster/emergency management association officials
- Others (by request to and approval of Professional Development Committee)

Reference sources who do not qualify are:

- A subordinate
- A former student
- Friends, relatives or neighbors

See form on page A-6.

#### **Education**

To satisfy this requirement an applicant must demonstrate the following based on the desired certification level:

| Doguinomento | Certification Levels     |                                 |                                 |
|--------------|--------------------------|---------------------------------|---------------------------------|
| Requirements | RIBEM                    | RIIEM                           | RICEM                           |
| Education    | HS Diploma or equivalent | Associate's degree<br>or higher | Bachelor's degree<br>or higher* |

#### **Basic Certification**

This level requires a high school diploma or a State of Rhode Island Department of Education recognized GED equivalent.

#### **Intermediate Certification**

This level has requires an Associate's Degree or higher from a regionally accredited institution.

#### **RICEM Certification**

This level has requires a Bachelor's Degree or higher from a regionally accredited institution.

#### **Documentation**

The applicant must include a copy of their diploma or a transcript that includes the applicant's name and graduation/completion date with the Education requirement form. Unofficial transcripts are acceptable. If the name has changed because of marital status or other reason, an explanation must also be included.

Course work completed to earn the degree used to meet the above requirements cannot also be used to meet any portion of the 100 hours general management Training requirement. If additional advanced degrees are held, however, associated coursework can be applied to the Training requirement. An applicant with a baccalaureate degree or higher in emergency management or a closely related field may use that coursework to satisfy part of the disaster/emergency management Training requirement as specified in the Training requirement section. A baccalaureate degree or higher in emergency management or a closely related field also reduces the Work History requirement as specified in the Work History requirement section.

*See form on page A-7.* 

# **Training**

To satisfy this requirement an applicant must demonstrate the following based on the desired certification level:

| Doguinomento | Certification Levels         |                                |                                |
|--------------|------------------------------|--------------------------------|--------------------------------|
| Requirements | RIBEM                        | RIIEM                          | RICEM                          |
| Training     | GM – 50 hrs.<br>EM – 50 hrs. | GM - 100 hrs.<br>EM - 100 hrs. | GM - 100 hrs.<br>EM - 100 hrs. |

# **Basic Certification**

This level requires 50 hours of general management training and 50 hours of disaster/emergency management training. These totals must include the following courses:

|   | Basic Level Certification                  |                  |            |
|---|--|------------------|------------|
| Course<br>Number  | Course Title                               | Contact<br>Hours | Allocation |
| IS-100.c  | Intro to the Incident Command System (ICS) | 3 Hours          | EM         |
| IS-120.c  | An Intro to Exercises                      | 5 Hours          | EM         |
| IS-200.c  | Basic ICS for Initial Response             | 3 Hours          | EM         |
| IS-230.d  | Fundamentals of Emergency Management       | 6 Hours          | EM or GM   |
| IS-235.c  | Emergency Planning                         | 5 Hours          | EM         |
| IS-240.b  | Leadership and Influence                   | 3 Hours          | GM         |
| IS-241.b  | Decision Making and Problem Solving        | 2 Hours          | GM         |
| IS-242.b  | Effective Communication                    | 8 Hours          | GM         |
| IS-244.b  | Developing and Managing Volunteers         | 4 Hours          | EM or GM   |
| IS-700.b  | Intro to NIMS                              | 3 Hours          | EM         |
| IS-800.c  | National Response Framework, An Intro      | 3 Hours          | EM         |
| Total hours of RIBEM mandatory courses: 45 hours (22 EM, 13 GM, 10 EM/GM) |  |                  |            |

## **Intermediate Certification**

This level requires 100 hours of general management training and 100 hours of disaster/emergency management training. These totals must include all of the courses required for the **Basic Certification** and the following courses:

|   | Intermediate Level Certification         |          |            |  |
|---|--|----------|------------|--|
| Course  | Course Title                             | Contact  | Allocation |  |
| Number  |  | Hours    |            |  |
| IS-139.a  | Exercise Design and Development          | 2 Hours  | EM         |  |
| IS-247  | IPAWS                                    | 2 Hours  | EM/GM      |  |
| IS-271.a  | Anticipating Hazardous Weather           | 9 Hours  | EM         |  |
| IS-393.b  | Intro to Hazard Mitigation               | 2 Hours  | EM         |  |
| IS-454  | Fundamentals of Risk Management          | 2 Hours  | EM/GM      |  |
| IS-546.a  | Continuity of Operations Awareness       | 1 Hour   | EM/GM      |  |
| IS-559  | Local Damage Assessment                  | 2 Hours  | EM         |  |
| IS-632.a  | Intro to Debris Operations               | 2 Hours  | EM/GM      |  |
| IS-2000   | National Preparedness Goal & System      | 2 Hours  | EM         |  |
| ICS300  | Intermediate ICS for Expanding Incidents | 18 Hours | EM/GM      |  |
| Total hours of RIIEM mandatory courses: 40 hours (15 EM, 25 EM/GM)  |  |          |            |  |
| Total hours of mandatory courses: 85 hours (37 EM, 13 GM, 35 EM/GM) |  |          |            |  |

## **RICEM Certification**

This level requires 100 hours of general management training and 100 hours of disaster/emergency management training. These totals must include all of the courses required for the **Basic Certification**, all of the courses required for the **Intermediate Certification** and the following courses:

| RICEM    |  |           |            |  |  |  |  |  |
|----------|--|-----------|------------|--|--|--|--|--|
| Course   | Course Title   | Contact   | Allocation |  |  |  |  |  |
| Number   |  | Hours     |            |  |  |  |  |  |
| IS-324.a | Community Hurricane Preparedness                                   | 10 Hours  | EM         |  |  |  |  |  |
| IS-547.a | Intro to Continuity Operations                                     | 2 Hours   | EM/GM      |  |  |  |  |  |
| IS-702.a | NIMS Public Information Systems                                    | 3 Hours   | EM         |  |  |  |  |  |
| IS-703.a | NIMS Resource Management   | 3 Hours   | EM         |  |  |  |  |  |
| IS-706   | NIMS Intrastate Mutual Aid, An Intro                               | 2 Hours   | EM         |  |  |  |  |  |
| IS-775   | EOC Management and Operations                                      | 4 Hours   | EM         |  |  |  |  |  |
| IS-2001  | THIRA  | 1 Hour    | EM         |  |  |  |  |  |
| L146     | Homeland Security Exercise & Evaluation                            | 16 Hours  | EM         |  |  |  |  |  |
| ICS400   |  |           |            |  |  |  |  |  |
| Total h  | Total hours of RICEM mandatory courses: 55 hours (39 EM, 16 EM/GM) |           |            |  |  |  |  |  |
| Total ho | ours of mandatory courses: 140 hours (76 EM, 13                    | GM, 51 EM | /GM)       |  |  |  |  |  |

#### **Documentation**

Applications should include two Summary of Training forms, one for Emergency Management Training and one for General Management Training. Each separate class or course listed on one of the Summary of Training forms must have an associated Training Submission form in addition to the documentation listed below.

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All training submitted to meet the Emergency Management requirement must be substantially related to Emergency Management and not just in the context of related disciplines.

All training submitted to meet either the Emergency Management or General Management requirements must be within the last ten (10) years except as noted below. Additionally, it must be focused on management and not operator level training. For example, courses on the medical management of mass casualty incidents would qualify, but EMS certification training would not.

Undergraduate course work applied to the educational degree requirement *cannot* be applied to meet any portion of the training requirement, except in the case of an Emergency Management or substantially related degree program as determined by the PDC reviewers. A baccalaureate degree or higher in Emergency Management or a substantially related degree program earned within the last ten years waives all EM training requirements, except the mandatory EM courses. In this case, all mandatory dual EM/GM courses will count towards the GM training requirement.

Courses completed as part of an additional baccalaureate degree beyond the one required for the education portion of the application, a master's degree, PhD, or other terminal degree may be used to meet general management training requirements no matter when they were completed. Certificate programs must be completed within the last ten (10) years to be considered.

Applicants should consult IAEM's <u>Sample Training Allocation Tables</u> to determine contact hours and allocation for courses. Courses listed in IAEM's table require only the submission of a certificate of completion along with the Training Submission form. Classes and courses not listed in IAEM's table may be considered on a case –by-case basis by the reviewers. Any course not listed in the IAEM table must include a certificate of completion and an official catalogue description of the curriculum along with the Training Submission form. Courses from collegiate-level fire curriculum, military service technical schools, professional military education, law-enforcement academies, etc. are generally accepted if they meet the above requirements.

#### Notes

- One full-day of training receives 6-hours of credit per day, unless otherwise documented.
- For FEMA independent study courses which list a range (i.e. 10-12 hours), the course will count at the lowest end of the range unless the certificate states a different number of hours.
- Some institutions provide C.E.U. equivalency information; 1 Continuing Education Unit (C.E.U.) = 10 Classroom Hours. Classroom or independent study courses taken through a regionally accredited college or university will count as 15 classroom hours per semester/quarter hour.

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- Teaching may be substituted for attending courses for Continuing Education/Training credit, as long as you do not "double dip" for teaching credit under the Professional Contributions sections.
- The National Emergency Training Center (NETC) in Emmitsburg, Maryland provides course descriptions and classroom hours in NETC, EMI and NFA course catalogs; they also include hourly equivalencies for Independent Study and Distance Learning Courses. Website: <a href="http://training.fema.gov/">http://training.fema.gov/</a>.

See forms on pages A-8 through A-10.

#### Essay

To satisfy this requirement an applicant must demonstrate the following based on the desired certification level:

| Doguinomento | Certification Levels |   |   |  |  |  |
|--------------|----------------------|---|---|--|--|--|
| Requirements | RIBEM                | RIIEM   | RICEM   |  |  |  |
| Essay        | No requirement       | 1,000-1,500 word<br>academic-quality<br>essay/paper | 1,000-1,500 word academic-quality essay/paper |  |  |  |

#### **RIBEM Certification**

No requirement

#### **RIIEM and RICEM Certification**

Applicants will use the IAEM CEM® essay guidelines to complete this requirement.

The applicant must submit a 1,000-1,500 word, academic style essay/paper which demonstrates knowledge of disaster/emergency management and written communications skills. Demonstrated knowledge must include the ability to develop a solution for a disaster/emergency management problem, knowledge of each phase of emergency management and how it applies to the specific problem and/or solution, and knowledge of the applicable emergency management related legislation, regulations, plans, policies, and procedures.

The essay should be based around a single, significant disaster/emergency management scenario, either actual or imagined. The narrative response should be divided into six (6) sections:

- Identification of the problem
- Identification of the objective(s)
- Description of actions necessary to meet the objective(s)
- Description of the intended outcome (behavioral, technical, equipment and/or supplies, financial, etc.) as a result of necessary actions
- Description of human resources (staffing, organization, training, etc.) necessary to achieve the intended outcome
- Description of the material resources (equipment, finances, etc.) necessary to achieve the intended outcome

#### **RIAEM Professional Certification Program**

Standards for formatting your document follow:

- Times New Roman font, 12 point
- Double spaced
- Letter size paper (8 ½ x 11 inches)
- 1 inch margins on all sides

This part of your application is intended to be an essay not a research paper.

At the end of your response, you must type the following statement, and sign your submission: "I verify that I have independently completed this essay." (Your Name and Signature)

A grading rubric is included with the application forms at the end of this booklet.

See rubric on page C-1.

## **Professional Contributions**

There are fourteen Contributions that can be selected from for certification; they are:

- A Membership
- B Conference
- C Service Role
- D Leadership Role\*
- E Special Assignment\*
- F Speaking
- G Teaching
- H Course Development
- I Publication
- J Audio-Visual and Interactive Products
- K Awards or Special Recognition
- L Not Used
- M Legislative Contact
- N Conducting Research
- O Other

Each level of certification has its own unique and individual requirements.

Submissions must be within the last 10 years (Note: \* indicates activity must be performed beyond the scope of applicant's job requirements).

See the *Certification Matrix* and the listings for each individual contribution for details.

All forms provided on pages B-1 through B-15.

## A - Membership

Member for three (3) or more years in a disaster/emergency management related organization. The basis of qualification for this contribution is the organization's mission, which should be concerned about one or more phases of emergency management and consistent with the protection of life and property from disaster. If the mission of the organization is not apparent by its title, it should be provided in verifiable format (such as from the organization's web site). The scope of the organization should be state/provincial, national or international. Examples include professional organizations such as RIAEM, Association of Contingency Planning, State Emergency Management Association, and NEMA, etc.

To satisfy this requirement, an applicant may list one single membership organization for three years or any combination of organizations. While multiple organizations may be used, documentation of three different years must be provided. Documentation such as a membership card or copy of roster/directory page must be provided for all three years. *See form on page B-1.* 

## B - Conference

Participation in a disaster/emergency management related workshop or conference for at least a cumulative total of 40 contact hours within the last 10 years. A workshop is a one or two day meeting on a single topic (not the HSEEP definition of a workshop-type exercise). Acceptable conferences may be hosted by national, state, regional or local agencies, schools, business or industry, volunteer organizations, or other entities with an emergency management role. Training (how to) workshops or seminars do not fulfill this requirement, but may meet Emergency Management or General Management Training requirements.

To satisfy this requirement, applicant must document attendance with copies of certificate of attendance, conference badge, etc. A conference agenda is not adequate documentation. Unless otherwise noted on certificate of attendance, applicant will receive six contact hours per conference/workshop day. *See form on page B-2.* 

#### C - Service Role

Serve on a professional or jurisdictional organization, board, committee, task force or special project contributing to or directly supporting comprehensive emergency management. For example, serving on a volunteer fire department would qualify; serving on the board of directors for a volunteer fire department would not (no direct contribution to comprehensive emergency management).

To satisfy this requirement, applicant must document role with a letter of appointment, meeting minutes showing applicant's attendance, etc. *See form on page B-3.* 

April 2019

#### D - Leadership Role

Serve voluntarily in a leadership position on a professional or jurisdictional organization, board, committee, task force or special project contributing to or directly supporting comprehensive emergency management. This leadership position cannot be a part of the routine responsibilities of their job or in their job description. For example, a municipal emergency management director would not get leadership credit for serving on the board of the municipality's local hazard mitigation committee, but could get leadership credit for serving as an elected or appointed officer of the state emergency management association.

To satisfy this requirement, applicant must document role with a letter of appointment, meeting minutes showing applicant's attendance, etc. Additionally, the applicant must include verification from their supervisor that this activity was NOT a part of their routine job requirements. *See form on page B-4.* 

## E - Special Assignment

Applicant participation on a jurisdictional or governmental committee or task force addressing a specific disaster/emergency management issue. The applicant must demonstrate that the resulting product or decisions make a significant contribution or impact. A special assignment is typically not something that is a core part of your job. However, exceptions may be made given some explanation, (a letter from either the appointing authority or the committee/task force chair describing the non-routine and special professional contribution made by the applicant on this special assignment.)

To satisfy this requirement, application must attach verification of assignment. There needs to be documentation that this assignment is more of an individual accomplishment, rather than a position requirement. *See form on page B-5.* 

# F - Speaking

Develop and participate in three (3) presentations or panels of a minimum of 20 minutes each (including radio, television, educational, video, etc.) related to disaster/emergency management during the last 10 years. The audience may be community or a professional group. Applicant must be the presenter and not just the author of the presentation.

To satisfy this requirement, applicant must attach verification of presentation such as a thank you letter from the sponsor or organization for which you spoke. Copies of agendas, PowerPoint® slides, or email from individuals who heard you speak do not qualify. *See form on page B-6.* 

# G - Teaching

Teach a disaster/emergency management class or course that equals or exceeds three (3) hours of instruction. Focus of the class/course must be must be on disaster/emergency management and not teaching or training technical skills. Examples of acceptable teaching commitments include teaching an E/G/L series EMI course, an emergency management course at a college or university, or a CERT course. Teaching first responders how to use equipment or wear PPE would not be acceptable to meet this requirement.

To satisfy this requirement, applicant must provide length of course/class, proof of class/course content (syllabus, official course description, etc.), and proof of delivery (thank-you letter from host agency, official announcement of course listing instructors, etc.). *See form on page B-7.* 

## H - Course Development

Applicant must play a significant role in the development of a disaster/emergency management course or class of at least three (3) hours in length. Similar to the requirements for G – Teaching, but in the development of the course material instead of presenting the material.

To satisfy this requirement, applicant should attach a copy of the syllabus or lesson plan and any other document that verifies his/her role in developing the course/class. *See form on page B-8.* 

#### I - Publication

The applicant must publish a substantive emergency management related article, research project, or other publication in a document, journal or other location beyond the applicant's control and after an independent editorial review.

To satisfy this requirement, applicant must provide the title, publication source, and date of publication. Additionally, the applicant must provide verification of publication such as a copy of the published article. *See form on page B-9.* 

#### I - Audio-Visual Products

Play a significant role in the development of content for an emergency management video, computer software product, mobile application, or other audio-visual tool. Applicant must be significantly involved in the development of the material and not just a participant in the content. For example, primary authorship of a distributed educational emergency management video or podcast would be acceptable, but being in a video interview on an emergency management topic would not.

To satisfy this requirement, applicant must provide the title, date of production, sponsoring organization, description of product and a description of the products contribution to emergency management. *See form on page B-10.* 

# K - Awards/Special Recognition

Receive an award for disaster/emergency management related activities. To satisfy this requirement, an applicant may submit any award, honor, or special recognition received within the disaster/emergency management community or in conjunction with an emergency preparedness activity. The award, honor or special recognition must be personalized (i.e. personally addressed or inscribed) and refer directly to the applicant. Awards for longevity (25 years of service) or routine performance awards are normally not adequate for inclusion under this category. Routine, mass mailed thank you letters or certificate of participation is acceptable provided the applicant adequately describes why the award is unique or special.

To satisfy this requirement, applicant must provide a copy of the award. *See form on page B-11.* 

#### L - Not Used

## M - Legislative Contact

Contact an elected representative at the national or state level regarding an emergency management issue. The applicant must submit a copy of his/her original correspondence and a copy of the reply or email receipt from the elected official.

The Professional Development Committee cannot award credit without both pieces of documentation. *See form on page B-13.* 

## N - Conducting Research

Play a significant role, such as primary researcher and author or secondary researcher and author, of emergency management research project. School related reports and papers do not normally qualify under this contribution, but may qualify under I – Publication in certain circumstances. Roles as research subject, interviewee, typist, editor, proof reader, and other similar role does not qualify under this contribution. Examples of research accepted under this contribution includes research for graduate-level thesis or dissertation, producing independent analysis for government or non-government interest groups, or research related to expert testimony before a relevant government body.

To satisfy this requirement, applicant must provide the title, date of research, sponsoring organization, description of the research's significant contribution to emergency management, verification of the researcher's role, and any resulting product of the research (excerpts are allowable if the research product is lengthy). *See form on page B-14.* 

#### O - Other

Other contributions may be recognized if they do not apply to one of the other established categories. An example is volunteering to go on a disaster assignment not in your jurisdiction. Contributions must clearly demonstrate a commitment to the emergency management profession. Applicants are encouraged to be creative in submissions with this category; verification must be attached. Submitted documentation can be a set of orders listing you as someone deployed to a disaster site outside of your jurisdiction, etc. See form on page B-15.

# **Application for RIAEM Certification**

- Step-1 Read the rules and regulations for the certification program.
- Step-2 Complete the Certification Application.
- Step-3 Complete the information at the top of the appropriate **certification worksheet**.
- Step-4 Include check for the amount appropriate for level of certification desired made payable to the **Rhode Island Association of Emergency Managers**.

Step-5 Submit at any monthly meeting or send completed certification package to:

#### RIAEM

Attn: Professional Certification Application P. O. Box 8365 Cranston, RI 02920

# Streamlined CEM® Certification/Recertification Program

Achieving the International Association of Emergency Managers CEM® standard is the benchmark for modern emergency managers who are looking to maintain a professional edge. The Rhode Island Association of Emergency Managers (the Association) looks to these emergency managers for support, camaraderie and engagement towards making our membership a force multiplier for our state in times of need.

Our association has a streamlined application process for those CEM's® wishing to hold Rhode Island Certified Emergency Manager (RICEM) status. The \$50.00 processing fee may be waived with submission of an affidavit indicating mentorship with future Rhode Island emergency management practitioners. These could be students, Associate Emergency Managers (AEM®) or dedicated practitioners who want help with their endeavors in making progress towards CEM® status. Certified Emergency Managers® simply forward an application with a copy of their current IAEM status letter to the RI AEM President/Board for processing. The Rhode Island Certified Emergency Manager status is valid in line with their CEM® time period.

The Association recertification process closely mirrors the IAEM process for their CEM's when their renewal of certification is due. The Association requires that recertified CEM® simply provide a copy of the IAEM memorandum along with the \$50.00 fee. Fee is waived with the use of the affidavit as previously explained. Members in good standing may submit their certification/recertification documents to the President/Board at any monthly meeting. Documents may be mailed to the Association at:

#### **RIAEM**

Attn: Professional Certification Application P. O. Box 8365 Cranston, RI 02920

All forms for streamlined process provided on pages D-1 through D-2.

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# **Certification Application Cover Sheet**

| Applicant Name                 |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
|--------------------------------|------------------------------|---|----------------------------------|-----------------|--------------|---------------------------|-----------------|-------|-------|----------|------|
| Current Position/Tit           | le                           |   |                                  |                 |              |                           |                 |       |       |          |      |
| Company/Organizat              | ion                          |   |                                  |                 |              |                           |                 |       |       |          |      |
| Address                        |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| City/State/ZIP                 |                              |   | City                             | 7               |              |                           | S               | tate  |       | ZIP      |      |
| Phone/FAX                      |                              |   | Pho                              | ne              |              |                           | •               | FAX   |       |          |      |
| E-Mail                         |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| Years in Disaster/ Emergency M |                              |   |                                  | gem             | ent          |                           |                 |       |       |          |      |
| Years in Current Pos           | ition                        |   |                                  |                 |              |                           |                 |       |       |          |      |
| Certification Challen          | allenge RI Basic RI Intermed |   |                                  | iate RI Certifi |              |                           | Certified       |       |       |          |      |
| Application Checklist          |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| General Requiremen             | ts                           |   |                                  |                 | RIBEM        |                           | RIIEM           |       |       | RICI     | EM   |
| Work History                   |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| Experience                     |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| Reference                      |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| Education                      |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| Training                       |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| Essay                          |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
|                                |                              |   |                                  |                 |              |                           |                 |       |       |          |      |
| Contributions                  |                              |   |                                  |                 | <b>RIBEM</b> |                           | F               | RIIEM |       | RICE     | EM   |
|                                |                              | - |                                  |                 | N/A          |                           | Pic             |       |       | Pick a   | ny 5 |
| A -Membership                  |                              |   | F - S                            | •               |              |                           |                 |       | \war  |          |      |
| B – Conference                 |                              |   | G - Teaching                     |                 |              |                           | L – Not Used    |       |       |          |      |
| C – Service Role               |                              | H | H - Crse Development             |                 |              |                           | M – Legislative |       |       |          |      |
| D – Leadership                 |                              |   | I – Publication J – A/V Products |                 |              | N – Research<br>O – Other |                 |       |       |          |      |
| E- Special Assignment J        |                              |   | j – A/                           | VP              | Touucts      |                           |                 | 0 - 0 | Julei |          |      |
| Application Fee                |                              |   | Check                            | mac             | de out to R  | IAE                       | M in a          | pproj | priat | e amount | :    |
| Signature                      |                              |   |                                  |                 |              |                           |                 |       |       |          |      |

# **Work History Submission Form**

|  | RIBEM |                        |            | RIIEM                   | RICEM               |  |  |
|--|-------|------------------------|------------|-------------------------|---------------------|--|--|
| Work History No requ                         |       | irement 1 year or more |            | 1 year or more          | 3 years or more     |  |  |
| Applicant Name:                              |       |                        |            |                         |                     |  |  |
| Education Option (Applicant only requires to |       | perience with ba       | ccalau     | reate degree or higher) |                     |  |  |
| Current Position & Organization:             | ı     |                        |            |                         |                     |  |  |
| Dates of Employme                            | ent:  | Start Date             | :          | End Date:               | Total Months:       |  |  |
| Position Description:                        |       |                        |            |                         |                     |  |  |
| Previous Position Organization:              | &     |                        |            |                         |                     |  |  |
| Dates of Employme                            | ent:  | Start Date             | e End Date |                         | <b>Total Months</b> |  |  |
| Position Description:                        |       |                        |            |                         |                     |  |  |
| Previous Position organization:              | &     |                        |            |                         |                     |  |  |
| Dates of Employment:                         |       | Start Date             | e End Date |                         | <b>Total Months</b> |  |  |
| Position Description                         | on:   |                        |            |                         |                     |  |  |

# **Experience Submission Form - Exercise**

|   |                                   | BEM | RIIEM   | RICEM   |
|---|-----------------------------------|-----|---|---|
| Experience  Exercise  | One (1) Exercise<br>(of any type) |     | One (1) Exercise<br>(of any type)                     | One (1) Full scale<br>exercise or two (2)<br>functional exercises |
| Attach a participation  |                                   |     | o from the Exercise Directorication of participation. | or or jurisdictional official                                     |
| Applicant Name:   |                                   |     |   |   |
| Exercise Name:  |                                   |     |   |   |
| Exercise Date:  |                                   |     |   |   |
| Organization/Ager<br>Responsible for Ex   |                                   |     |   |   |
| Exercise type:  |                                   |     |   |   |
| Describe exercise: (Include scenario, o other agencies/orgainvolved, and estimanumber of people in known) | nizations<br>ate of               |     |   |   |
| Your Role:  |                                   |     |   |   |
| Describe your responsibilities:   |                                   |     |   |   |
| Describe what you<br>through your parti<br>in this exercise:  |                                   |     |   |   |

# **Experience Submission Form - Major Public Event**

|  | RIE                          | <b>BEM</b> | RIIEM   | RICEM                         |
|--|------------------------------|------------|---|-------------------------------|
| Experience  Major Public Event                           | One (1) Major Publi<br>Event |            | One (1) Major Public<br>Event                     | One (1) Major Public<br>Event |
| Attach a participation                                   |                              |            | from the event organizer cation of participation. | or jurisdictional official to |
| Applicant Name:  |                              |            |   |                               |
| Event:   |                              |            |   |                               |
| Event Date:  |                              |            |   |                               |
| Organization/Ager<br>Responsible for Ev                  |                              |            |   |                               |
| Describe event:  |                              |            |   |                               |
| Your Role:   |                              |            |   |                               |
| Describe your responsibilities:                          |                              |            |   |                               |
| Describe what you<br>through your part<br>in this event: |                              |            |   |                               |

# **Experience Submission Form - Actual Disaster**

|   | RIB  | <b>EM</b> | RIIEM                                       | RICEM                      |
|---|--|-----------|---|----------------------------|
| Experience  Actual Disaster   | One (1)<br>Disa  |           | One (1) Actual<br>Disaster                  | One (1) Actual<br>Disaster |
| Applicant Name  |  |           |   |                            |
| Attach a letter/me  |  |           | nmander or jurisdictional of participation. | official to this form as   |
| Incident:   |  |           |   |                            |
| Incident Date:  |  |           |   |                            |
| Describe incident:  |  |           |   |                            |
| Your Role:  |  |           |   |                            |
| Describe your responsibilities:   |  |           |   |                            |
| Describe your recommendations mitigation activities should be undertake relate to prepared response, and recoversult of lessons lead the disaster or emergence. | s that<br>en, as they<br>ess,<br>very, as a<br>rned from |           |   |                            |

# **Reference Submission Form**

|                     | RIBE              | M RIIEM    |  |        | RICEM                                  |                 |
|---------------------|-------------------|------------|--|--------|--|-----------------|
| References          | Current Superviso |            | Current supervisor plus two (2) others |        | Current supervisor plus two (2) others |                 |
| Applicant Name      |                   |            |  |        |  |                 |
| Attach a signed let | ter of reference  | on organiz | ational letterhead f                   | rom yo | ur curr                                | ent supervisor. |
|                     |                   | Refe       | rence 1                                |        |  |                 |
| Name                |                   |            |  |        |  |                 |
| Position/Title      |                   |            |  |        |  |                 |
| Company/Organiz     | ation             |            |  |        |  |                 |
| Address             |                   |            |  |        |  |                 |
| City/State/ZIP      |                   | City       |  | State  |  | ZIP             |
| Phone/FAX           |                   | Phone      |  | FA     | X                                      |                 |
| E-Mail              |                   |            |  | 1      |  |                 |
| Reference 2         |                   |            |  |        |  |                 |
| Name                |                   |            |  |        |  |                 |
| Position/Title      |                   |            |  |        |  |                 |
| Company/Organiz     | ation             |            |  |        |  |                 |
| Address             |                   |            |  |        |  |                 |
| City/State/ZIP      |                   | City       |  | State  |  | ZIP             |
| Phone/FAX           |                   | Phone      | ,                                      | FA     | X                                      |                 |
| E-Mail              |                   |            |  |        |  |                 |
|                     |                   | Refe       | erence 3                               |        |  |                 |
| Name                |                   |            |  |        |  |                 |
| Position/Title      |                   |            |  |        |  |                 |
| Company/Organiz     | ation             |            |  |        |  |                 |
| Address             |                   |            |  |        |  |                 |
| City/State/ZIP      |                   | City       |  | State  |  | ZIP             |
| Phone/FAX           |                   | Phone      |  | FA     | X                                      |                 |
| E-Mail              |                   |            |  | ı      |  |                 |

# **Education Submission Form**

RIIEM

RICEM

RIBEM

| Education       | HS Diploma or equivalent |  |        | ciate's degree<br>or higher | Bachelor's degree<br>or higher*           |
|-----------------|--------------------------|--|--------|-----------------------------|---|
| Applicant Name: |                          |  |        |                             |   |
|                 |                          | anscript that includitution listed below |        |                             | nd graduation/completion<br>e acceptable. |
| Institution(s)  | ):                       | City:                                    | State: | Graduation<br>Date:         | Degree:                                   |
|                 |                          |  |        |                             |   |
|                 |                          |  |        |                             |   |
|                 |                          |  |        |                             |   |
|                 |                          |  |        |                             |   |
|                 |                          |  |        |                             |   |
|                 |                          |  |        |                             |   |
|                 |                          |  |        |                             |   |
|                 |                          |  |        |                             |   |

# **Emergency Management Training Submission Form**

| Training                | RIBEM                     | RIIEM  | RICEM    |  |  |  |  |  |
|-------------------------|---------------------------|--|----------|--|--|--|--|--|
| Emergency<br>Management | 50 hrs.                   | 100 hrs.   | 100 hrs. |  |  |  |  |  |
| Applicant Name:         | Applicant Name:           |  |          |  |  |  |  |  |
|                         |                           | ne required courses from the level of certification desi |          |  |  |  |  |  |
| Number and Title        | of Training Class/Cour    | se   | Hours    |  |  |  |  |  |
| example: IS-100.c Int   | roduction to the Incident | Command System (ICS)                                     | 3        |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
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|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
|                         |                           |  |          |  |  |  |  |  |
| Total Hours of Eme      | ergency Management 1      | Гraining   |          |  |  |  |  |  |

# **General Management Training Submission Form**

| Training              | RIBEM                                      | RIIEM   | RICEM    |  |  |  |  |
|-----------------------|--|---|----------|--|--|--|--|
| General<br>Management | 50 hrs.                                    | 100 hrs.  | 100 hrs. |  |  |  |  |
| Applicant Name:       |  |   |          |  |  |  |  |
|                       |  | ne required courses from the level of certification desir |          |  |  |  |  |
| Number & Title of     | Training Class/Course                      |   | Hours    |  |  |  |  |
| example: IS-230.d Fi  | undamentals of Emergenc                    | y Management  | 6        |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
|                       |  |   |          |  |  |  |  |
| Total Hours of Gen    | Total Hours of General Management Training |   |          |  |  |  |  |

#### **Individual Course Training Submission Form**

| Training   | RIBEM  |  | RIIE                   | EM . | RICEM                         |  |
|--|--|--|------------------------|------|-------------------------------|--|
| Individual Course  | General – 50<br>Emergency –                          |  | General -<br>Emergency |      | General – 10<br>Emergency – 1 |  |
| Applicant Name:  |  |  |                        |      |                               |  |
| Attach to this form a college or FEMA transcript or certificate of completion OR final class roste with your name OR other acceptable documentation from the institution that conducted the training. Documentation must show the number of classroom hours, CEUs, or college credits fo college course. For courses not listed in IAEM's <a href="Sample Training Allocation Table">Sample Training Allocation Table</a> , a syllabus or curriculum must also be attached.  -SUBMIT A SEPARATE COPY OF THIS FORM FOR EACH COURSE/CLASS- |  |  | s for a                |      |                               |  |
| Training Number a  | nd Title:  |  |                        |      |                               |  |
| Training Source:   |  |  |                        |      |                               |  |
| Training Date:   |  |  |                        |      |                               |  |
| Training length (in hours):  |  |  |                        |      |                               |  |
| Training Type:   |  |  | ergency<br>agement     |      | General<br>Management         |  |
| Course description  (Not necessary if this listed in IAEM's Sam Allocation Table)  (For courses not listed IAEM's Sample Trainin Table, a syllabus or cualso be attached)  | s course is<br>ple Training<br>I in<br>ng Allocation |  |                        |      |                               |  |

# A – Membership Submission Form

| Applicant Name:   |   |  |
|---|---|--|
| Member for three (3) or more years in a disaster/emergency management related organization. The basis of qualification for this contribution is the organization's mission, which should be concerned about one or more phases of emergency management and consistent with the protection of life and property from disaster. If the mission of the organization is not apparent by its title, it should be provided in verifiable format (such as from the organization's web site). |   |  |
| three years or any combination<br>documentation of three differen   | opplicant may list one single membership organization for of organizations. While multiple organizations may be used, it years must be provided. Documentation such as a ter/directory page must be provided for all three years. |  |
| Organization:   |   |  |
| Membership Year(s):   |   |  |
| Organization official who can verify membership: (list name, telephone number and/or email)   |   |  |
| Organization:   |   |  |
| Membership Year(s):   |   |  |
| Organization official who can verify membership: (list name, telephone number and/or email)   |   |  |
| Organization:   |   |  |
| Membership Year(s):   |   |  |
| Organization official who can verify membership: (list name, telephone number and/or email)   |   |  |

#### **B - Conference Submission Form**

| Applicant Name:                   |   |
|-----------------------------------|---|
|                                   | ency management related workshop or conference for at act hours within the last 10 years. Training (how to) fill this requirement.  |
| attendance, conference badge, etc | cant must document attendance with copies of certificate of . A conference agenda is not adequate documentation. cate of attendance, applicant will receive six contact hours |
| -SUBMIT A SEPARATE COPY O         | OF THIS FORM FOR EACH CONFERENCE/WORKSHOP-  |
| Name or Conference:               |   |
| Sponsoring Organization:          |   |
| Date:                             |   |
| Location:                         |   |
|                                   |   |
|                                   |   |
|                                   |   |
| Describe something you learned:   |   |
| you rear neu.                     |   |
|                                   |   |
|                                   |   |

#### **C - Service Role Submission Form**

| Applicant Name:   |  |  |
|---|--|--|
| Serve on a professional or jurisdictional organization, board, committee, task force or specia project contributing to or directly supporting comprehensive emergency management. |  |  |
| To satisfy this requirement, applicant must document role with a letter of appointment, meeting minutes showing applicant's attendance, etc.                                      |  |  |
| Time frame/length of service:   |  |  |
| Committee/task force title:   |  |  |
| Sponsoring organization (be specific):  |  |  |
| Your position/assignment:   |  |  |
| Description of your role/contribution:  |  |  |
| Description of product/contribution to field:   |  |  |

#### **D - Leadership Role Submission Form**

|   | 1 |  |
|---|---|--|
| Applicant Name:   |   |  |
| Serve voluntarily in a leadership position on a professional or jurisdictional organization, board, committee, task force or special project contributing to or directly supporting comprehensive emergency management. This leadership position cannot be a part of the coutine responsibilities of their job or in their job description. |   |  |
| To satisfy this requirement, applicant must document role with a letter of appointment, meeting minutes showing applicant's attendance, etc. Additionally, the applicant must include verification from their supervisor that this activity was NOT a part of their routine job requirements.   |   |  |
| Time frame/length of service:   |   |  |
| Committee/task force title:   |   |  |
| Sponsoring organization (be specific):  |   |  |
| Your position/assignment:   |   |  |
| Description of your role/contribution:  |   |  |
| Description of product/contribution to field:   |   |  |

# **E - Special Assignment Submission Form**

| Applicant Name:   |  |  |
|---|--|--|
| Applicant participation on a jurisdictional or governmental committee or task force addressing a specific disaster/emergency management issue. The applicant must lemonstrate that the resulting product or decisions make a significant contribution or mpact. |  |  |
| To satisfy this requirement, application must attach verification of assignment. There needs to be documentation that this assignment is more of an individual accomplishment, rather than a position requirement.  |  |  |
| Time frame/length of service:   |  |  |
| Committee/task force title:   |  |  |
| Sponsoring organization: (be specific)  |  |  |
| Your position/assignment:   |  |  |
| Description of your role/contribution:  |  |  |
| Description of product/contribution to field:   |  |  |

# F - Speaking Submission Form

| Applicant Name:  |  |  |
|--|--|--|
| Develop and participate in three (3) presentations or panels of a minimum of 20 minutes each related to disaster/emergency management during the last 10 years. Applicant must be the presenter and not just the author of the presentation. |  |  |
| Γο satisfy this requirement, applicant<br>thank you letter from the sponsor or α   | must attach verification of presentation such as a organization for which you spoke. |  |
| -SUBMIT A SEPARATE COPY OF   | THIS FORM FOR EACH PRESENTATION/PANEL-   |  |
| Location:  |  |  |
| Date:  |  |  |
| Length of Presentation: (in minutes)   |  |  |
| Sponsoring organization: (be specific)   |  |  |
| Title of Presentation:   |  |  |
| Description of Presentation:   |  |  |

# **G - Teaching Submission Form**

| Applicant Name:  |  |  |
|--|--|--|
| Feach a disaster/emergency management class or course that equals or exceeds three (3) nours of instruction. Focus of the class/course must be must be on disaster/emergency nanagement and not teaching or training technical skills. |  |  |
| class/course content (syllabus, officia  | must provide length of course/class, proof of l course description, etc.), and proof of delivery (thank-nouncement of course listing instructors, etc.). |  |
| Location:  |  |  |
| Date:  |  |  |
| Length of Class/Course: (in hours)   |  |  |
| Sponsoring organization: (be specific)   |  |  |
| Title of Class/Course:   |  |  |
| Description of Class/Course:   |  |  |

#### **H - Course Development Submission Form**

|  | 1  |
|--|--|
| Applicant Name:                        |  |
| management course or class of at leas  | in the development of a disaster/emergency t three (3) hours in length. Similar to the requirements ent of the course material instead of presenting the |
| 1 . 11                                 | ant should attach a copy of the syllabus or lesson verifies his/her role in developing the   |
| Length of Class/Course: (in hours)     |  |
| Sponsoring organization: (be specific) |  |
| Title of Class/Course:                 |  |
| Description of Class/Course:           |  |

#### **I - Publication Submission Form**

| Applicant Name:  |                       |                         |  |
|--|-----------------------|-------------------------|--|
| The applicant must publish a substantive emergency management related article, research project, or other publication in a document, journal or other location beyond the applicant's control and after an independent editorial review. |                       |                         |  |
| To satisfy this requirement, applicant must provide the title, publication source, and date of publication. Additionally, the applicant must provide verification of publication such as a copy of the published article.                |                       |                         |  |
| Title:   |                       |                         |  |
| Publication Source:  |                       |                         |  |
| Publication Date:  |                       |                         |  |
| Check one:   | Primary<br>Authorship | Secondary<br>Authorship |  |
| Description of Article:  |                       |                         |  |
| Description of Article's<br>Contribution to Emergency<br>Management:   |                       |                         |  |
| Note: Please submit actual copy of publication or website where publication may be viewed.   |                       |                         |  |

#### J - Audio-Visual Product Submission Form

| Applicant Name:  |   |  |
|--|---|--|
| Play a significant role in the development of content for an emergency management video, computer software product, mobile application, or other audio-visual tool. Applicant must be significantly involved in the development of the material and not just a participant in the content. |   |  |
|  | must provide the title, date of production, sponsoring nd a description of the products contribution to |  |
| Product Title:   |   |  |
| Sponsoring Organization:   |   |  |
| Production Date:   |   |  |
| Applicant Role in Production:  |   |  |
| Description of Product:  |   |  |
| Description of Product's<br>Contribution to Emergency<br>Management:   |   |  |

# **K - Awards/Special Recognition Submission Form**

| Applicant Name:  |  |
|--|--|
|  |  |
| Date of award/honor:   |  |
| Sponsoring organization:   |  |
| Describe the Award/Honor and your role and contribution that led to your selection as the recipient (be specific): |  |
| <b>Note:</b> Please submit copy of actual award.   |  |

#### L - Not Used

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# **M – Legislative Contact Submission Form**

| Applicant Name:  |  |  |  |  |  |
|--|--|--|--|--|--|
| Contact with an elected representative at the national or state level regarding an emergen management issue. The applicant must submit a copy of his/her original correspondence and a copy of the reply or email receipt from the elected official. |  |  |  |  |  |
| Legislator Name:   |  |  |  |  |  |
| Legislator Position/Title:   |  |  |  |  |  |
| Legislator Organization:   |  |  |  |  |  |
| Date of Original<br>Correspondence:  |  |  |  |  |  |
| Date of Legislative Response:  |  |  |  |  |  |

#### **N - Research Submission Form**

| Applicant Name:  |  |                       |  |                         |  |  |
|--|--|-----------------------|--|-------------------------|--|--|
| Play a significant role, such as primary researcher and author or secondary researcher and author, of emergency management research project. Examples of research accepted under this contribution includes research for graduate-level thesis or dissertation, producing independent analysis for government or non-government interest groups, or research related to expert testimony before a relevant government body.  To satisfy this requirement, applicant must provide the title, date of research, sponsoring organization, description of the research's significant contribution to emergency management, verification of the researcher's role, and any resulting product of the research (excerpts are allowable if the research product is lengthy). |  |                       |  |                         |  |  |
| Title:   |  |                       |  |                         |  |  |
| Sponsoring Organization:   |  |                       |  |                         |  |  |
| Date:  |  |                       |  |                         |  |  |
| Check one:   |  | Primary<br>Authorship |  | Secondary<br>Authorship |  |  |
| Research Product: (if any)   |  |                       |  |                         |  |  |
| Description of Research's<br>Contribution to Emergency<br>Management:  |  |                       |  |                         |  |  |
| Note: Please submit copy of research (excerpts are allowable if the research product is lengthy)   |  |                       |  |                         |  |  |

#### 0 - Other

| Applicant Name:   |  |  |  |  |
|---|--|--|--|--|
| Other contributions may be recognized if they do not apply to one of the other established categories. Contributions must clearly demonstrate a commitment to the emergency management profession. Submitted documentation can be a set of orders listing you as someone deployed to a disaster site outside of your jurisdiction, etc. |  |  |  |  |
| Contribution:   |  |  |  |  |
| Location:   |  |  |  |  |
| Date:   |  |  |  |  |
| Sponsoring Organization:  |  |  |  |  |
| Applicant's Role or Position:   |  |  |  |  |
| Description of Contribution to Emergency Management: (be as specific as possible; relate back to an EM phase, function, or core capability, if possible)  |  |  |  |  |

#### **Emergency Management Essay Rubric**

| <b>Applicant Name:</b> |  |
|------------------------|--|

|   | Design Elements  | Yes | No |
|---|--|-----|----|
| 1 | Identification of the problem.  Not just a re-statement of the scenario.                                 |     |    |
| 2 | Identification of the objective.  Specific points or desired outcomes.                                   |     |    |
| 3 | Description of necessary actions.  Tasks or steps necessary to meet the objective(s).                    |     |    |
| 4 | Description of intended outcome.  What will be reached, not a re-statement of the objective(s).          |     |    |
| 5 | Description of human resources.  What people are necessary to meet the objective(s), who or what groups. |     |    |
| 6 | Description of material resources.  What technical guidance is used, what things must be used.           |     |    |
|   | Total points (6 max)   |     |    |

| KSA | Knowledge and Abilities of disaster/emergency management and written communication Skills   | Good<br>2     | Fair<br>1 | Not Covered 0 |
|-----|---|---------------|-----------|---------------|
| 1   | Demonstrated ability to develop a solution for the stated problem.  |               |           |               |
| 2   | Demonstrated knowledge of the Prevention phase of disaster/emergency management and activities.   |               |           |               |
| 3   | Demonstrated knowledge of the Mitigation phase of disaster/emergency management and activities.   |               |           |               |
| 4   | Demonstrated knowledge of the Preparedness phase of disaster/emergency management and activity.   |               |           |               |
| 5   | Demonstrated knowledge of the Response phase of disaster/emergency management and activity.   |               |           |               |
| 6   | Demonstrated knowledge of the Recovery phase of disaster/emergency management and activity.   |               |           |               |
| 7   | Demonstrated knowledge of the organization and the environment in which it operates.  |               |           |               |
| 8   | Demonstrated knowledge of codes, legislation, regulations, plans, policies, or procedures which impact the disaster/emergency management function.      |               |           |               |
| 9   | Demonstrated skill in written communication as evidenced by the essay that demonstrated your ability to present information in a logical, clear manner. |               |           |               |
|     | Scale: 0 – Not covered, 1 – Minimal Coverage, 2- Cove   | ered in depth |           |               |
|     | Total Points (18 max)   |               |           |               |

Yes No

Meets minimum standard for points? (18 out of max 24)

Formatted correctly?

Signature & verification of independent work?

| Essay meets all minimum standards for acceptance? |  |
|---|--|

# **Application Based on IAEM Certified Emergency Manager® Status**

| Name:   |
|---|
| ☐ CEM notification letter or recertification letter attached  |
| ☐ Certification/recertification fee enclosed (check payable to RIAEM in the amount of \$50)   |
| RIAEM membership in good standing through (mm/dd/yyyy)  |
| I acknowledge that my RIAEM Rhode Island Certified Emergency Manager (RICEM) is valid commensurate with the term of my $CEM^{\texttt{@}}$ certification/recertification period.   |
| Signature Date  |
| NOTE: Application fee may be waived if accompanied by an affidavit from an emergency management professional you are mentoring towards emergency management certification through RIAEM and/or IAEM or emergency management related professional development. |
| Affidavit of Mentoring for fee waiver attached  |

# **Affidavit of Emergency Management Professional Mentoring**

| Mentor Name   |  |
|---|--|
| I certify that I am mentoring the individual listed below with achieving professional emergency manager status. The Rhoc Emergency Managers (RIAEM) Professional Development Co contact the individual listed below for verification purposes | de Island Association of ommittee is authorized to |
| Mentee (Name)   |  |
| Mentee (Contact Info)   |  |
| Mentee (Signature)  | Date   |
| Mentor (Signature)  | Date   |

#### **RIAEM Professional Certification Program (PCP) Sample Certificate**



In recognition of achievement in the areas of professional reference, experience, education, training, and contributions to the emergency management profession has conferred upon

# Emergen C. Manager

#### ADVANCED EMERGENCY MANAGER

CERTIFIED APRIL 2017

Samuel W. Adams, President Rhode Island Association of Emergency Managers Rhode Island
Association of
Emergency
Managers
Public Safety, Public Trust

Lieutenant Governor Daniel McKee, Co-Chair Rhode Island Emergency Management Advisory Council

**Application Review Checklist** (Professional Development Committee Use Only)

| APPLICANT NAME                        |              |             |     |                      |               |             |  |
|---------------------------------------|--------------|-------------|-----|----------------------|---------------|-------------|--|
| PACKAGE REC'D by                      | RIAEM: (Dat  | te)         |     |                      |               |             |  |
| Reviewer 1 (Name)                     |              |             | Rev | viewer 2 (Name)      |               |             |  |
| Reviewer's Certification Type & Date: |              | Date:       | Rev | viewer's Certifica   | tion Type &   | Date:       |  |
|                                       |              | klist (All  | Mat | erial Complete &     | Correct)      |             |  |
| <b>General Requireme</b>              | ents         |             |     | Reviewer 1           | Revi          | Reviewer 2  |  |
| (All required)                        |              |             |     | TREVIEWEI I          | Reviewer 2    |             |  |
| Work History                          |              |             |     |                      |               |             |  |
| Experience                            |              |             |     |                      |               |             |  |
| References                            |              |             |     |                      |               |             |  |
| Education                             |              |             |     |                      |               |             |  |
| Training                              |              |             |     |                      |               |             |  |
| Essay                                 | nal Contribu | itions - th | roo | (3) for RIIEM, five  | (5) for RICEN | Л           |  |
| 110103310                             | Reviewer 1   | Reviewe     |     | oj ioi kiilioi, iive | Reviewer 1    |             |  |
| A – Membership                        | TREVIEWET 1  | reviewe     |     | H – Crse Develop     |               | Iteviewei 2 |  |
| B – Conference                        |              |             |     | I – Publication      |               |             |  |
| C – Service Role                      |              |             |     | J – A/V Product      |               |             |  |
| D – Leadership Role                   |              |             |     | K – Awards           |               |             |  |
| E - Special Assign                    |              |             |     | M – Legislative      |               |             |  |
| F – Speaking                          |              |             |     | N – Research         |               |             |  |
| G – Teaching                          |              |             |     | O – Other            |               |             |  |
|                                       |              |             |     |                      |               |             |  |
| Recommendation                        | /Decision Du | ie Date:    |     |                      |               |             |  |
| Reviewer 1:                           |              |             |     | Approved             | Not Ap        | proved      |  |
| Signature:                            |              |             |     | _ Dat                | e:            |             |  |
| Reviewer 2:                           |              |             |     | Approved             | Not Ap        | proved      |  |
| Signature:                            |              |             |     | _ Dat                | e:            |             |  |

Reviewer comments on reverse side

| Reviewer 1 Comments: |
|----------------------|
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
| Reviewer 2 Comments: |
|                      |

#### **Recertification Review Checklist**

(Professional Development Committee Use Only)

|  |                                   | -          |            |                     |             |            |  |
|--|-----------------------------------|------------|------------|---------------------|-------------|------------|--|
| APPLICANT NAME   |                                   |            |            |                     |             |            |  |
| PACKAGE REC'D by   | RIAEM: (Da                        | te)        |            |                     |             |            |  |
| Reviewer 1 (Name)  |                                   |            | Re         | viewer 2 (Name)     |             |            |  |
|  |                                   |            |            |                     |             |            |  |
| Reviewer's Certifica   | ation Type &                      | Date:      | Rev        | viewer's Certifica  | tion Type & | Date:      |  |
|  |                                   |            |            |                     |             |            |  |
| Appl   | ication Chec                      | klist (All | Mat        | erial Complete &    | Correct)    |            |  |
| <b>Training Requirements</b> RIBEM: 25 EM / 25 GM RIIEM/RICEM: 50 EM / 50 GM |                                   |            | Reviewer 1 |                     | Revi        | Reviewer 2 |  |
| General Management   | Training                          |            |            |                     |             |            |  |
| Emergency Managem  | ent Training                      |            |            |                     |             |            |  |
| Profess  | ional Contrik                     | outions –  | any        | three (3) for RIIEN | 1 and RICEM |            |  |
|  | Reviewer 1                        | Reviewe    | r 2        |                     | Reviewer 1  | Reviewer 2 |  |
| A – Membership   |                                   |            |            | H – Crse Develop    |             |            |  |
| B – Conference   |                                   |            |            | I – Publication     |             |            |  |
| C – Service Role   |                                   |            |            | J – A/V Product     |             |            |  |
| D – Leadership Role  |                                   |            |            | K – Awards          |             |            |  |
| E - Special Assign   |                                   |            |            | M – Legislative     |             |            |  |
| F - Speaking   |                                   |            |            | N – Research        |             |            |  |
| G – Teaching   |                                   |            |            | 0 – Other           |             |            |  |
| Recommendation   | Recommendation/Decision Due Date: |            |            |                     |             |            |  |
| Reviewer 1:  |                                   |            |            | Approved            | Not A       | approved   |  |
| Signature:   |                                   |            |            | _ Date              | e:          |            |  |
| Reviewer 2:  |                                   |            | Approved   | Not A               | pproved     |            |  |
| Signature:   |                                   |            |            | _ Date              | e:          |            |  |

Reviewer comments on reverse side

| Reviewer 1 Comments: |
|----------------------|
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
|                      |
| Reviewer 2 Comments: |
|                      |