



Ohio Certified Emergency Manager Application (For applicants with IAEM Certification)

To apply for the Ohio Certified Emergency Manager (OCEM) Program, applicants who have their IAEM Certification should submit a completed application form to the Emergency Management Association of Ohio, along with a copy of their IAEM Certificate.

Applications and application fee must be received by March 1st or September 1st of the year recertification is sought. Applications received without payment will not be considered. Applications will be reviewed by the OCEM Program Board and applicants will be notified of the Board's decision. Awards will be presented during the EMAO Spring Meeting for September 1st applicants or during the EMAO Winter Conference for March 1st applicants. Certification will be initially awarded for three years and must be renewed every three years thereafter.

Please send your application and supporting documentation to ocem@emaohio.org.

Application Fee:

EMAO Member \$50
Non-Member \$200

Renewal Fee:

EMAO Member \$50
Non-Member \$100

Please remit application fee to:

Emergency Management Association of Ohio
88 East Broad Street, Suite 1305
Columbus, Ohio 43215
(614) 378-2156 office

Incomplete applications will be sent back to the applicant with a letter detailing missing or incomplete documentation. Applicant can resubmit application one-time within 90 days for reconsideration.

OCEM Applicant with IAEM Certification

| | | |
|---|--|-------------|
| Name: | | |
| Current Position: | Title: | |
| Address: | | |
| City: | State: | Zip: |
| Phone: | Cell Phone: | |
| Email: | | |
| Alternate Email: | | |
| Years in Current Position: | Years in Disaster/Emergency Management: | |
| Date IAEM Certificate was awarded: | Date IAEM Certificate Expires: | |

I understand that certification is subject to OCEM Program Board approval, and if granted, is current for a three-year period. I will execute the necessary documents, submit a written explanation and supply further information as determined by the Board. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application. I give permission for verification of any information contained in this application.

Applicant's Signature: _____ (Date)

OCEM Content Checklist:

- Copy of IAEM Certificate
- Application Fee made payable to: "Emergency Management Association of Ohio"
- Work Experience
- Contributions to the Field

Work Experience:

Applicant must meet at least one of the qualifications outlined below by September 1st of the application year:

1. Three (3) years full-time emergency management experience in the State of Ohio;
2. Three (3) years part-time and an average of 15 hours per week in the emergency management field in the State of Ohio;
3. Two (2) years full-time emergency management experience in the State of Ohio and an Associate Degree from an accredited university or college;
4. One (1) year full-time emergency management experience in the State of Ohio and Bachelor’s Degree from an accredited university or college;
5. One (1) year full-time emergency management experience in the State of Ohio and an Associate Degree or higher in Emergency Management from an accredited university or college.

Work Experience

Circle “Yes” or “No” to indicate whether these items are attached

| Period Covered | Jurisdiction/Company/ Organization | Title | Position Description | | Supervisor | |
|----------------|------------------------------------|-------|----------------------|----|------------|----|
| | | | Yes | No | Yes | No |
| | | | Yes | No | Yes | No |
| | | | Yes | No | Yes | No |
| | | | Yes | No | Yes | No |
| | | | Yes | No | Yes | No |
| | | | Yes | No | Yes | No |

Contributions to the Field

Applicant must demonstrate at least one contribution to the field through professional membership in an emergency management relation organization, teaching, published professional articles, etc. Documentation such as a membership card or copy of roster/directory page may be provided.

| |
|--|
| Organization: |
| Membership Years: |
| Organization official who can verify membership (list name and telephone number): |