



Ohio Certified Emergency Manager Renewal

Renewals must be received by September 1st of the year prior to expiration of a current OCEM. Renewal 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 or Fall Conference, depending on the date of your application submission. Certification will be initially awarded for three years and must be renewed every three years thereafter.

OCEM awardees must renew their certification every three years by submitting the following:

Work and Professional Experience

During the preceding three years:

- Evidence of continuous emergency management experience;
- Participation in one functional or full scale exercise or actual emergency that required the opening and staffing of an EOC and continuous operation for a four hour period.

Education and Training Requirements

During the preceding three years:

- 20 continuing education units (CEU's) or 200 contact hours of continuing education in emergency management related subjects

Note: The award of an Associate Degree or higher in Emergency Management or related field during the previous three years will satisfy the continuing education requirement

Contributions to the Field

During the preceding three years:

- One contribution to the field through membership in emergency management related professional organization (e.g. IAEM, etc.), teaching, published professional articles, etc.

Please send your application and supporting documentation by September 1st in a PDF file to ocem@emaohio.org.

Please remit application fee to:

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

Renewal Fee:

EMAO Member \$50
Non-Member \$100

Applicant's Contact Information

Name:		
Current Position:	Title:	
Address:		
City:	State:	Zip:
Phone:	Cell Phone:	
Email:		
Alternate Email:		
Years in Current Position:	Years in Disaster/Emergency Management:	

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:

- Work and Professional Experience
- Education and Training Requirements
- Contributions to the Field
- Application Fee made payable to: "Emergency Management Association of Ohio"

Work and Professional Experience:

During the preceding three years:

- Evidence of continuous emergency management experience;
- Participation in one functional or full scale exercise or actual emergency that required the opening and staffing of an EOC and continuous operation for a four hour period.

			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

Education and Training Requirements

During the preceding three years:

- 20 continuing education units (CEU's) or 200 contact hours of continuing education in emergency management related subjects

Note: The award of an Associate Degree or higher in Emergency Management or related field during the previous three years will satisfy the continuing education requirement

Education Requirements		
Institution(s)/ City, State	Dates	Degrees

*** Verification by copy of your diploma or an official college transcript must be attached.*

Training Requirements				
	Title of Training Course	Total Hours	Allowable Hours	Date(s) of Training
Subject 1				
Subject 2				
Subject 3				
Subject 4				
TOTALS:				

*** Insert Training Submission Forms in the order they are reported on this form, with documentation behind each submission as they are presented.*

- REPRODUCE THIS FORM AS OFTEN AS NECESSARY -

Training Submission Form

1. Training title and number (number where applicable):

2. Training source:
3. Training date:
4. Training length (in hours):
5. Course description (copy of syllabus or curriculum is acceptable).

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2. Training source:
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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):