# The Rhode Island Association of Emergency Managers (RIAEM) Professional Certification Program

Supporting the Profession of Emergency Management through Meaningful & Achievable Standards



February 2022

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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 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 Professional Development Committee (PDC) will reevaluate the certification requirements every two years and submit revisions or updates to the RIAEM Executive Board for approval. Our ideal would be to have all members achieving Advanced RI Certified Emergency Manager (ARICEM) or IAEM CEM® status.

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

There are two levels of state certification: RI Emergency Manager (**Practitioner**) and Advanced RI Certified Emergency Manager (**ARICEM**).

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

General Requirements include: *Work History, Experience, Reference, Education, Training and Contributions.* 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 **Practitioner** application will include contributions in any three (3) of these categories. An **ARICEM** application will include contributions in any five (5) of these categories. See the RIAEM Professional Certification Matrix 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 **Practitioner** or **ARICEM** levels and a **Training** requirement for all levels of certification. See the RIAEM Professional Re-Certification Matrix for details.

#### **Certification/Recertification Review:**

The PDC is the screening panel for all certification applications. Should there be no ARICEM/CEM® members sitting on the PDC, a temporary review board consisting of at least two (2) *current* RIAEM recognized ARICEMs, 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. Certification fees, payable by check to RIAEM are **\$25** for **Practitioner level**, and **\$50** for **ARICEM** level and 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 to the Professional Development Committee for review. 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**

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 secretary@riaem.com

#### **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.

Requirements		<b>Certification Levels</b>	
		Practitioner	ARICEM
Work History		6 months or more	3 years or more
Experience		Exercise of any type, Major public event, or Actual disaster	Full scale exercise, 2 Functional exercises Major public event, or Actual disaster
References		Current supervisor plus 1 other	Current supervisor plus 2 others
Education		Associate's degree or completion of EM certificate program	Bachelor's Degree or higher
Training		General – 50 hrs. Emergency – 50 hrs.	General – 100 hrs. Emergency – 100 hrs.
Contributions		Pick any <mark>3</mark>	Pick any <mark>5</mark>
	Possible Co	ontributions	
<b>A – Membership</b> (3+ years)	E – Special Assignment	I – Publication	M – Legislative Contact
<b>B – Conference</b> (40+ hours)	<b>F – Speaking</b> (3+ presentations)	J – Audio-Visual Products	N – Conducting Research
C – Service Role	<b>G – Teaching</b> (3+ hrs instruction)	K – Awards/Special Recognition	0 – Other
D – Leadership Role	H – Course Development (course of 3+ hrs)	L – not used	

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

Requirements	Certification Levels		
	Practitioner	ARICEM	
Training	General – 25 hrs. Emergency – 25 hrs.	General – 50 hrs. Emergency – 50 hrs.	
Contributions	No requirement	Pick any <mark>3</mark>	
J	Possible Contribution	S	
<b>A – Membership</b> (3+ years)	<b>F – Speaking</b> (3+ presentations)	K – Awards/Special Recognition	
<b>B – Conference</b> (40+ hours)	<b>G – Teaching</b> (3+ hrs instruction)	L – not used	
C – Service Role	H – Course Development (course of 3+ hrs)	M – Legislative Contact	
D – Leadership Role	I – Publication	N – Conducting Research	
E – Special Assignment	J – Audio-Visual Products	0 – Other	
<b>NOTE:</b> A detailed descript of these contributions app	•		

# **RIAEM Professional Re-Certification Matrix**

<<2/2022>>

# **General Requirements**

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

- Work History
- Experience
- Reference
- Education
- Training
- Contributions

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

See Certification Matrix for details (pg 7)

*NOTE:* Support Forms are provided for each subject to help with your certification application. Be sure to use the cover sheet (pg 27). Need help? Let us know!

#### Work History

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

Requirements	Certification Levels		
•		Practitioner	ARICEM
Work History		6 months or more	3* years or more

#### **Practitioner Certification**

This level requires at least 6 months of experience.

#### **ARICEM 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.

#### <u>Notes</u>

\*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 fulltime 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:

Requirements	Certi	fication Levels	
•	P	Practitioner	ARICEM
Experience	Мајс	cise of any type, or public event, ctual disaster	Full scale exercise, Two (2) Functional exercises, Major public event, or Actual disaster

#### **Practitioner Certification**

This level has the same requirement as the Practitioner 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.

#### **ARICEM 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.

#### <u>Notes</u>

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:

Requirements         Certification Levels			
L.	Pro	actitioner	ARICEM
References		nt supervisor ne (1) other	Current supervisor plus two (2) others

#### **Practitioner Certification**

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

#### **ARICEM Certification**

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

#### **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:

Requirements	<b>Certification Levels</b>	
•	Practitioner	ARICEM
Education	Associate's degree or higher*	Bachelor's degree or higher*

#### **Practitioner Certification**

This level requires Student Status enrolled in Associate's Degree education or higher from a regionally accredited institution. (Official Transcript or Bursar's receipt)

#### **ARICEM 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:

Requirements	Certification Levels	
	Practitioner	ARICEM
Training	GM - 50 hrs. EM - 50 hrs.	GM - 100 hrs. EM - 100 hrs.

## **Practitioner 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: (Note: Completion of the CURRENT version of FEMA Independent Study course is a MANDATORY requirement)

Course Number	Course Title	Contact Hours	Allocation
IS-100	Intro to the Incident Command System (ICS)	3 Hours	EM
IS-120	An Intro to Exercises	5 Hours	EM
IS-200	Basic ICS for Initial Response	3 Hours	EM
IS-230	Fundamentals of Emergency Management	6 Hours	EM or GM
IS-235	Emergency Planning	5 Hours	EM
IS-240	Leadership and Influence	3 Hours	GM
IS-241	Decision Making and Problem Solving	2 Hours	GM
IS-242	Effective Communication	8 Hours	GM
IS-244	Developing and Managing Volunteers	4 Hours	EM or GM
IS-700	Intro to NIMS	3 Hours	EM
IS-800	National Response Framework, An Intro	3 Hours	EM

Course Number	Course Title	Contact Hours	Allocatio
IS-139	Exercise Design and Development	2 Hours	EM
IS-247	IPAWS	2 Hours	EM/GM
IS-271	Anticipating Hazardous Weather	9 Hours	EM
IS-393	Intro to Hazard Mitigation	2 Hours	EM
IS-454	Fundamentals of Risk Management	2 Hours	EM/GM
IS-546	Continuity of Operations Awareness	1 Hour	EM/GM
IS-559	Local Damage Assessment	2 Hours	EM
IS-632	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

#### **ARICEM 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 **Practitioner Certification**, and the following courses:

Course Number	Course Title	Contact Hours	Allocatio
IS-324	Community Hurricane Preparedness	10 Hours	EM
IS-547	Intro to Continuity Operations	2 Hours	EM/GM
IS-702	NIMS Public Information Systems	3 Hours	EM
IS-703	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	Advanced ICS for Complex Incidents	14 Hour	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. 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.

- 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\_FEMA Emergency Management Institute (EMI) Home Page

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

## **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
- 0 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.

# A - Membership (See support form pg 37)

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, IAEM, Association of Contingency Planning, Other State Emergency Management Associations, 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.

# **B** - Conference (See support form pg 38)

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.

## C - Service Role (See support form pg 39)

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.

# **D – Leadership Role** (See support form pg 40)

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.

# *E* - *Special Assignment* (See support form pg 41)

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.

# F - Speaking (See support form pg 42)

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<sup>®</sup> slides, or email from individuals who heard you speak do not qualify.

# G - Teaching (See support form pg 43)

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.

**(G - Teaching, continued)** 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.).

# *H – Course Development* (See support form pg 44)

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.

# *I* - *Publication* (See support form pg 45)

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.

# J - Audio-Visual/Interactive Products (See support form pg 46)

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.

# K - Awards/Special Recognition (See support form pg 47)

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. Applicant must provide a copy or photo of the award.

## L – Not Used

## *M – Legislative Contact* (See support form pg 48)

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.

## *N* – *Conducting Research* (See support form pg 49)

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).

# **O** - **Other** (See support form pg 50)

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.

# **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<sup>®</sup> 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 Advanced Rhode Island Certified Emergency Manager (ARICEM) status. The \$50.00 processing fee may be waived with submission of an affidavit indicating mentorship with future Rhode Island emergency management practitioners (See pg 52). 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 President/Board for processing. The Advanced Rhode Island Certified Emergency Manager (ARICEM) status is commensurate with their CEM® certification.

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

# **Certification Cover Sheet**

Applicant Name/Sigr	natur	е															
Current Position/Tit	le																
Company/Organizati	on																
Address																	
City/State/ZIP			0	City					State RI				ZIP				
Phone/FAX			F	Phone	e						FA	AX					
E-Mail																	
Years in Disaster/ Emergency Management																	
Years in Current Position																	
Certification Challen	ge				P	rac	tition	er				A	RIC	RICEM			
			Aj	pplic	atio	on (	Checkl	ist							_		
General Requiremen	ts							Practitioner			A	RICI	EM				
Work History																	
Experience																	
Reference																	
Education																	
Training																	
Essay																	
Contributions												oner			RICE		
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A – Membership	_			- Spea					_			- Awa					
B – Conference				– Tea		0		_				- Not					
C – Service Role		H		se De		_			_			– Leg					_
D – Leadership				- Publ				╞	+			- Res		ch			
E- Special Assignment			J -	A/V	Pro	odu	cts				0.	- Oth	er				
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Application Fee			Che	ck ma	ade	e ou	t to R	AE	:M i	n aj	ppr	opria	ite	amou	nt		

# Work History Submission Form

				Practitioner	ARICEM
Work History				6 Months or more	e 3 years or more
Applicant Name:					
Education Option for (Applicant only requires to		perience with ba	iccalau	reate degree or higher)	
Current Position & Organization:					
Dates of Employm	ent:	Start Date	:	End Date:	Total Months:
Position Description	on:				
Previous Position Organization:	&				
Dates of Employm	ent:	Start Date		End Date	Total Months
Position Description	on:				
Previous Position Organization:	&				
Dates of Employm	ent:	Start Date		End Date	Total Months
Position Description (Use additional shore required)			I		

# **Experience Submission Form – Exercise**

		Practitioner	ARICEM
Experience <i>Exercise</i>		One (1) Exercise (of any type)	One (1) Full scale exercise or two (2) functional exercises
Attach a participation		o from the Exercise Directo ication of participation.	or or jurisdictional official
Applicant Name:			
Exercise Name:			
Exercise Date:		 	
Organization/Age Responsible for Ex			
Exercise type:			
Describe exercise: (Include scenario, o other agencies/orga involved, and estim number of people in known)	bjectives, anizations ate of		
Your Role:			
Describe your responsibilities			
Describe what you through your part in this exercise:			

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

		Practitioner	ARICEM
Experience <i>Major Public Event</i>		One (1) Major Public Event	One (1) Major Public Event
Attach a participation		from the event organizer cation of participation.	or jurisdictional official to
Applicant Name:			
Event:			
Event Date:			
Organization/Age Responsible for Ev			
Describe event:			
Your Role:			
Describe your responsibilities			
Describe what you through your part in this event:			

# **Experience Submission Form – Actual Disaster**

		Practitioner	ARICEM
Experience Actual Disaster		One (1) Actual Disaster	One (1) Actual Disaster
Applicant Name			
Attach a letter/mo	emo from the	nmander or jurisdictional of participation.	official to this form as
Incident:			
Incident Date:			
Describe incident:			
Your Role:			
Describe your responsibilities			
<b>Describe your</b> <b>recommendations</b> mitigation activities should be undertak relate to preparedn response, and recov result of lessons lea the disaster or eme	s that en, as they ess, very, as a rned from		

# **Reference Submission Form**

		Practitione	er	ARICEM
References		Current superv plus one (1) ot		Current supervisor plus two (2) others
Applicant Name				
	etter of reference on o plete the information			your current
Name				
Position/Title				
Company/Organiz	ation			
Address				
City/State/ZIP	City		State R	
Phone/FAX	Phon	е	FAX	
E-Mail				
Name				
Position/Title				
Company/Organiz	ation			
Address				
City/State/ZIP	City		State R	ZIP
Phone/FAX	Phon	е	FAX	I
E-Mail				

# **Education Submission Form**

			Pi	ractitioner	ARICEM
Education				c. Degree or Student Status	Bachelor's degree or higher*
Applicant Name:					
	each inst	itution listed belo			nd graduation/completion e acceptable/Bursar
Institution(s)	):	City:	State:	Graduation Date:	Degree or Certificate:

# **Emergency Management Training Submission Form**

Training		Practitioner	ARI	CEM	
Emergency Management		50 hours	100 hours		
Applicant Name:					
Number and Title	of Training Class/Cour	rse		Hours	
example: IS-100 Int	roduction to the Incident	Command System (ICS)		3	
Total Hours of Em	ergency Management	Fraining			

# **General Management Training Submission Form**

Training		Practitioner	RI	CEM
General Management		100 hrs.	100 hrs.	
Applicant Name:				
	l			
Number & Title of	Training Class/Course	,		Hours
Total Hours of Gen	eral Management Tra	ining		

# Individual Course Training Submission Form

Training			RIIE	M	RICEM	
Individual Course			General – Emergency ·		General – 10 Emergency – 1	
Applicant Name:					·	
Attach to this form a c with your name OR ot training. Documentati college course. For co curriculum must also	ther acceptable d on must show th urses not listed in	ocumenta e number	ation from the i of classroom h	nstitution t 10urs, CEUs	hat conducted the , or college credits	s for a
<u>-SUBMIT</u>	<u>T A SEPARATE CO</u>	<u>OPY OF TI</u>	HIS FORM FOR	EACH COU	<u>RSE/CLASS-</u>	
Training Number a	and Title:					
Training Source:						
Training Date:						
Training length (in	hours):					
Training Type:			ergency agement		General Management	
Course description	1:					
(Not necessary if thi listed in IAEM's Sam Allocation Table)						
(For courses not listed IAEM's <u>Sample Trainit</u> <u>Table®</u> , a syllabus or must also be attached	<u>ng Allocation</u> curriculum					

# A -Membership

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).

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.

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:	
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. Training (how to) workshops or seminars do not fulfill this requirement.

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 day.

#### -SUBMIT A SEPARATE COPY OF THIS FORM FOR EACH CONFERENCE/WORKSHOP-

Name or Conference:	
Sponsoring Organization:	
Date:	
Location:	

#### **C - Service Role**

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**

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 routine 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:			

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.

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:		
	_	100

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.

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.

#### -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

#### **Applicant Name:**

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.

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.).

Location:	
Date:	
Length of Class/Course: (in hours)	
Sponsoring organization: (be specific)	
Title of Class/Course:	
Description of Class/Course:	

# H - Course Development

Applicant Name:	
management course or class of at leas	in the development of a disaster/emergency at three (3) hours in length. Similar to the requirements ent of the course material instead of presenting the
	ant should attach a copy of the syllabus or nt that 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

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 Authorship	Secondary Authorship
Description of Article:			
Description of Article's Contribution to Emergency Management:			
Note: Please submit actual copy of publication or website where publication may be viewed.			

# J - Audio Visual/Interactive Product

Applicant Name:			
computer software product, mobile a	nent of content for an emergency management video, pplication, or other audio-visual tool. Applicant must opment of the material and not just a participant in the		
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.			
Product Title:			
Sponsoring Organization:			
Production Date:			
Applicant Role in Production:			
Description of Product:			
Description of Product's Contribution to Emergency Management:			

## **K - Award or Special Recognition**

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

## **M** - Legislative Contact

Applicant Name:		
Contact with 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.		
Legislator Name:		
Legislator Position/Title:		
Legislator Organization:		
Date of Original Correspondence:		
Date of Legislative Response:		

### **N - Conduct Research**

Applicant Name:									
Play a significant role, such as primar author, of emergency management re this contribution includes research fo independent analysis for governmen related to expert testimony before a To satisfy this requirement, applican organization, description of the resea management, verification of the resea research (excerpts are allowable if th	esearch or grad t or nor relevar t must arch's s archer'	n project. Examples of uate-level thesis or of n-government intere nt government body. provide the title, dat ignificant contributi s role, and any resul	of resea disserta est grou ee of res on to e ting pr	arch accepted under ation, producing ups, or research search, sponsoring mergency					
Title:									
Sponsoring Organization:									
Date:		)		)					
Check one:		Primary Authorship		/ Secondary Authorship					
<b>Research Product:</b> (if any)									
Description of Research's Contribution to Emergency Management:									
Note: Please submit copy of research (excerpts are allowable if the research product is lengthy)									

### 0 - Other

Applicant Name:	
categories. Contributions must clearly	ed if they do not apply to one of the other established y demonstrate a commitment to the emergency ocumentation can be a set of orders listing you as utside of your jurisdiction, etc.
Contribution:	
Location:	
Date:	
Sponsoring Organization:	
Applicant's Role or Position:	
<b>Description of Contribution</b> <b>to Emergency Management:</b> (be as specific as possible; relate back to an EM phase, function, or core capability, if possible)	

### **Certification/Recertification Based on IAEM CEM® Status**

Name:	
	CEM notification letter or recertification letter attached
I acknow	_ Certification/recertification fee enclosed (\$50 check payable to RIAEM) nembership in good standing through ledge that my RIAEM Rhode Island Certified Emergency Manager (RICEM) ommensurate with the term of my CEM® certification/recertification period.
Signat	ure 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 list achieving professional emergency manager sta Emergency Managers (RIAEM) Professional De contact the individual listed below for verificat	atus. The Rhode Island Association of evelopment Committee is authorized to
Mentee (Name)	
Mentee (Contact Info)	
Mentee (Signature)	Date
Mentor (Signature)	Date

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



IAEM -US Disclaimer: IAEM -US allows the Rhode Island Association of Emergency Managers (RIAEM) to use only "Advanced Rhode Island Certified Emergency Manager" of "ARICEM", or "Advanced Rhode Island CEM". Any other use or proposed use of the Marks must be submitted to and approved in advance by IAEM-US. In support of this agreement, RIAEM hereby provides clear notice that "CEM®" is a registered certification mark of IAEM-US and that "Certified Emergency Manager" is a certification mark of IAEM-US.

### Application/Recertification Review Checklist (PDC Use Only)

APPLICANT NAME																	
PACKAGE REC'D by	RIAEM:	(Dat	e)														
Reviewer 1 (Name)		Reviewer 2 (Name)															
Reviewer's Certification Type & Date:				Reviewer's Certification Type & Date:													
Application Ch			lateri	al	Comp	olete	& C	orrect to	r lev	el	chall	eng	edj				
General Requirements (All required)			Reviewer 1				Reviewer 2										
Work History																	
Experience																	
References																	
Education																	
Training <b>50hrs each PR</b>	ACT 100hrs	each /	ARICEM														
Professio	-					(3) fo	or P	RACT, fi		-		-					
	Review	er 1	Revi	iew	ver 2										viewer 2		
A – Membership						H – Crse Develop					-						
B – Conference						I – P	I – Publication										
C – Service Role						J – A	/V I	Product									
D – Leadership Role						K – A	Awa	rds									
E - Special Assign						M – 1	Leg	slative									
F – Speaking						N – I	Rese	earch									
G – Teaching						0-0	Othe	er									
Recommendation	/Decisio	on Du	ie Dat	te:													

### Applicant Certification Checklist (Reviewer Use Only)

APPLICANT NAME			Certification Level: PRACT ARICEM								ARICEM	
PACKAGE REC'D by RIAEM: (Date)			RIAEM Use Only									
Reviewer 1 (Name)			Reviewer 2 (Name)									
Reviewer's Certification Type & Date:			Reviewer's Certification Type & Date:									
Application Checklist (All			Material Complete & Correct)									
Training Requirements 50 hrs each PRACT 100 hrs each ARICEM			Reviewer 1				Reviewer 2					
General Management Training												
Emergency Management Training												
Professional Contributions			s Sul	omitte	ed	(	(PRACT	3/A	RICEM 5	)		
	Reviewer 1	Reviewe	er 2					Re	viewer 1	R	leviewer 2	
A – Membership				H – Crse Develop								
B – Conference			I – Publication									
C – Service Role				J – A	/V 1	P	roduct					
D – Leadership Role				K – Awards								
E - Special Assign				M – Legislative								
F – Speaking				N – Research		arch						
G – Teaching				0 – Other								
Recommendation	•	ie Date:	RIAE	M Use O	nly							

#### Applicant has completed requirements and is certified effective date:

#### President, RI Association of Emergency Managers

Signature: