



IAFSM

*Illinois Association for
Floodplain and Stormwater Management*

Illinois Certified Floodplain Manager (CFM[®]) Program

Application for Certification

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Instructions

This is the application for registration in the Illinois Certified Floodplain Manager (CFM®) Program administered by Illinois Association for Floodplain and Stormwater Management (IAFSM). It includes all the papers needed for your application. Other documents you may want to review include the Charter for the Illinois CFM Program which describes the program in more detail and the Continuing Education Credits (CEC) policy. These can be found on the IAFSM website, www.IllinoisFloods.org.

Submittal of this application is required before you can be approved to take the certification exam. Upon successfully passing the exam, you will be designated a Certified Floodplain Manager (CFM®).

Submittal Checklist. Your submittal for certification must include the following:

_____ Completed Application Form (6 pages)

_____ Application Fee

The application fee is \$100 for IAFSM members and \$170 for non members. This fee covers the cost of the exam and your initial two-year certification. A renewal fee will be required every two years to maintain your certification. Upon receipt, review, and approval of a completed exam application, you will be notified of your eligibility to take the exam. A photo I.D. will be required at the time of examination for the purpose of identification.

A complete application must be received and accepted at the ASFPM office at least two weeks before the date of the certification exam that you want to take.

PAYMENT METHOD

Payment for: Name: _____

_____ Check enclosed _____ VISA or MasterCard _____ Purchase Order

Check or Purchase Order Number _____

PAYMENT AMOUNT TOTAL \$ _____

Card # _____ Expiration Date _____ CCV # _____

Signature _____ Cardholders Zip Code _____

IAFSM Membership. You are not required to join IAFSM to become a CFM®. However, the fees are different for members and non-members. It is recommended that you call the IAFSM Executive Office (630-443-8145) to verify that you are a current member before you submit your exam application. An IAFSM Membership Form can be found on the IAFSM website, www.IllinoisFloods.org.

Mail your completed and signed application to CFM Program Administrator:

**ASFPM
575 D'Onofrio Dr., Suite 200
Madison, WI 53719**

For questions about certification: Contact Anita Larson, ASFPM at cfm@floods.org

Illinois Certified Floodplain Manager Program
Application For Certification

Applicant name: _____
(First) (M.I.) (Last)

Name to appear on certificate, if different from above _____

Home Address _____

City/State/Zip _____

Home phone (_____) _____ Home Email _____

Date of Birth _____

Year of high school diploma or equivalent: _____

Received from: _____

Employer _____

Job Title _____

Mailing Address _____

City/State/Zip _____

Telephone: Work (_____) _____ Fax (_____) _____

Work Email _____

Please check all of the following areas which you are involved in:

- | | |
|--|---|
| <input type="checkbox"/> Floodplain management | <input type="checkbox"/> Environmental management |
| <input type="checkbox"/> Hazard mitigation | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Community Rating System | <input type="checkbox"/> Planning and zoning |
| <input type="checkbox"/> Building inspection | <input type="checkbox"/> Stormwater management |
| <input type="checkbox"/> Emergency management | <input type="checkbox"/> Water & wastewater systems |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Public information/education |
| <input type="checkbox"/> Other _____ | |

Is floodplain management your primary responsibility with your employer? YES ___ NO ___

How many years of floodplain management experience have you had? ___ years

Describe your primary responsibility and percent of time devoted to floodplain management:

Additional work experience other than employment listed above:

Employer City/State Title/Duties Dates

Have you completed any of the following training courses?

<u>Yes</u>	<u>No</u>	<u>Course Name</u>
___	___	FEMA's Managing Floodplain Development through the NFIP-FEMA E273 (at EMI)
___	___	FEMA's Managing Floodplain Development through the NFIP- FEMA 480 (Home Study)
___	___	Other federal training courses _____
___	___	State floodplain management training courses _____
___	___	Other floodplain management courses _____

List all other State or association registrations, licenses, or certifications you presently hold:

List professional associations and organizations in which you have been a member and any offices you hold or have held.

<i>Organization</i>	<i>Office</i>	<i>Term</i>

Have you ever been certified by any floodplain manager certification program, including this one?

NO ___ YES ___ Certification # _____ Date Issued _____

Name of program _____

Please indicate the **date and location** where you wish to take the CFM Exam:

DATE: _____ LOCATION: _____

I hereby attest that the information provided on this application is factual and that I have read and fully understand all the conditions and procedures of the IAFSM CFM[®] Program. I acknowledge that the award of certification will be based upon meeting all the minimum qualification requirements and achieving a satisfactory score on an exam to be prepared and scored by the IAFSM.

Signature of applicant

Date

Acknowledgment and Disclaimer

I have read and agree to abide by the rules and procedures of the Charter for the Illinois Certified Floodplain Manager (CFM) Program. I also agree to complete all application requirements, provide necessary documentation, and take all examinations as may be required for the processing of my application.

Upon my registration as a Certified Floodplain Manager (CFM[®]), I agree to be bound by the conditions of renewal as contained in the IAFSM CFM Program Charter. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of IAFSM. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the Illinois Association for Floodplain and Stormwater Management and its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, the failure of the Association to register me as a Certified Floodplain Manager, and any other aspect of the IAFSM CFM Program. I hereby grant permission to IAFSM and the Certification Committee to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if designated as a Certified Floodplain Manager (CFM[®]), upon the revocation, suspension, or cancellation of my certification by action of the Certification Committee, I shall return my Certificate and any other items issued as part of the CFM[®] Certification to IAFSM. If the Illinois Certified Floodplain Manager Program would cease to exist, I agree to relinquish my IAFSM Certification and not hold IAFSM, the Association of State Floodplain Managers or any other organization or agency responsible for such program termination.

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

I hereby attest that the information provided is factual and that I have carefully read and fully understand all conditions, code of professional conduct, rules, and procedures of the Illinois Certified Floodplain Manager Program and do hereby agree to conform to all of the same conditions, code, rules, and procedures.

Signature of applicant

Date

Printed name of applicant

Code of Professional Conduct

As a Certified Floodplain Manager, I agree to abide by the following tenets of the Code of Professional Conduct in all of my professional responsibilities. I will

- *Practice honesty and integrity in all of my professional relationships with the public, peers, and employer;*
- *Be truthful and accurate in my professional communications;*
- *Be fair and considerate of all persons;*
- *Foster excellence in floodplain management by staying abreast of pertinent issues;*
- *Enhance individual performance by attention to continuing education and technology;*
- *Avoid conflicts of interest resulting in personal gain or advantage;*
- *Be economical in the utilization of the nation's resources through the effective use of funds, accurate assessment of flood-related hazards, and timely decision-making;*
- *Maintain the confidentiality of privileged information;*
- *Promote public awareness and understanding of flood-related hazards, floodplain resources, and flood hazard response; and*
- *Be dedicated to serving to the profession of floodplain management and to improving the quality of life.*

Signature of applicant

Date

Printed name of applicant

Decertification Acknowledgment Form

Section 8.6 of the Illinois Certified Floodplain Manager Program Charter:

8.6 Decertification:

- a. A CFM may be decertified for failure to fulfill the requirements specified in Section 8.3 by the renewal date.
- b. A CFM may be decertified for unprofessional conduct if he/she has:
 - Been convicted of a crime directly related to his or her professional duties;
 - Falsified, intentionally destroyed, or modified official records or documents relating to his or her professional duties, or otherwise knowingly provided misleading information related to his or her duties or floodplain management;
 - Received or solicited money or anything of value directly or indirectly that may be expected to influence his or her actions or judgment in a manner outside of commonly acceptable practices or values;
 - Used his or her position in an illegal, dishonest, or unprofessional way to influence or gain a financial or other benefit, advantage or privilege for his or her benefit or for benefit of his or her immediate family or organization with which he or she is associated; or
 - Violated the Code of Professional Conduct in Section 12.
- c. Information on a CFM’s unprofessional conduct must be submitted to IAFSM in writing. No anonymous submittals will be accepted. If the Chair of the Certification Committee determines that consideration of decertification may be warranted, the charges and all supporting documentation will be provided to the CFM by certified mail. The CFM shall have 30 days upon receipt thereof to respond in writing to the charges.
- d. If a CFM has not fulfilled the renewal requirements by the renewal date or has not responded to the charges of unprofessional conduct by the specified deadline, he or she will be sent a registered letter of decertification, stating that he/she may not classify him or herself as a “Certified Floodplain Manager” or use the CFM Registered Trademark in any way for a period of time specified in the letter. He/she may reapply to take the CFM exam after that date.

In signing this document, I acknowledge that I have carefully read and fully understand the foregoing decertification policy and procedure, and I voluntarily accept its application to my continued standing as a Certified Floodplain Manager.

Signature of applicant _____ Date _____

Printed name of applicant _____

Professional Employment Verification Form

Note: A letter of reference containing the requested information would be acceptable in lieu of this form. Self-employed persons may use a professional reference other than a supervisor. **The Supervisor, (Agency Head or Professional Reference) listed on the form below will be notified of the applicant's successful completion of certification.**

Applicant Name

Applicant's Title

Employed From/To

Employing Organization

City/State/Zip

Supervisor Name

Title

Supervisor address

Supervisor Phone/Fax

Email

I, _____, (Supervisor) certify that I have supervised/employed the above named applicant. I know of my own knowledge that said person was employed as indicated.

Briefly describe job responsibilities of applicant and estimate the percentage of time devoted directly to floodplain management activities:

Supervisor Signature _____ Date _____