**Application Packet for**

**Texas Emergency Manager**

**TEM©**

**Recertification**

Sponsored by:

**The Emergency Management**

**Association of Texas**

E-mail: ematinfotx@gmail.com

[www.emat-tx.org](http://www.emat-tx.org)

(877) 306-EMAT (3628) Fax (512) 329-8943



**Recertification**

Certification is effective for a period of five years. In order to recertify, candidates must meet and submit recertification requirements prior to December 31 of the fourth year of previous certification/recertification. For example, if certified in February 2012, recertification must be accomplished prior to December 31, 2016.

We suggest you do not wait until the last minute to submit your recertification application. It is the candidate’s responsibility to keep EMAT apprised of current contact information (including email address) to ensure that you continue to receive information related to your certification designation and or any changes to the certification requirements.

Recertification expires for those who fail to recertify every five years as required or fails to be a member of EMAT.

The fee for recertification is $150.00 for EMAT members. You must be a member of EMAT to apply for recertification.

Recertification candidates should make a copy of any information that is uploaded to the EMAT website. All information uploaded to the EMAT website should be in a PDF format.

**Recertification Requirements:**

All current holders of the TEM© who wish to maintain their designation must recertify at five-year intervals by submitting documentation that demonstrates continuing education in Emergency Management and General Management topics as well as professional contributions.

As of October 1, 2017, the requirements are outlined below in the chart.

GM=General Management

EM=Emergency Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requirement Type** | **5 years certified** | **10 years certified** | **15 years certified** | **20 years certified** | **25+ years certified** |
| Training | 100 hours Total25 GM25 EM hours50 hrs. GM or EM | 75 hours Total20 GM20 EM35 hrs. GM or EM | 50 hours Total15 GM15 EM20 hrs. GM or EM | 40 hours Total15 GM15 EM10 hrs. GM or EM | 25 hours Total10 GM10 EM5 hrs. GM or EM |
| Professional Contribution Categories | 3 | 4 | 5 | 6 | 6 |

**Credential Submission:**

As of September 1, 2017, all applications must be submitted through the online system. No hard copy submissions will be accepted.

**Deadline Dates:**

* Recertification candidate’s deadline is December 31 of the year in which they are due to recertify (e.g., every five years from the original certification year). Payments made online are posted on the next business day.
* Resubmission candidates are reminded that their deadline date is 90 days from the date of the incomplete letter and their supplemental submission must be completed through the online system.
* Submissions must be received at the EMAT website before 11:59 p.m. Central Standard Time.

**TEM Commission Credential Review Dates:**

2017

* Online applications received by Oct.31, 2017, will be reviewed in November/December 2017. Candidates will be notified of the results during the third week of December 2017.

2018

* Online applications received by Dec. 31, 2017 and thereafter (e.g., 12/31/2018/, 12/31/2019), will be reviewed in January/February 2018 and thereafter (e.g., January/February 2019, 2020, 2021, etc.). Candidates will be notified of the results during the third week of February 2018 and thereafter (e.g., February 2019, 2020, 2021, etc.).

Please note, communication between the applicant and TEM Commission members will only occur if additional documentation is requested to complete the review.

**Incomplete Applications:**

* Candidates whose maintenance applications are found to be incomplete will be allowed one chance to correct and resubmit required materials to the Commission.
* Candidates who fail to make required corrections or fail to resubmit prior to the deadline established by the commission will be denied recertification.
* All fees accompanying applications denied by the commission are forfeited.
* Candidates who wish to reinitiate the application process after denial must again pay the required certification application fee, complete a new TEM application packet, and retake and pass the exam.

**Helpful Tips:**

* Letters of Reference:

Recertification candidates must submit three letters of reference with their application submission. One of the reference letters should be from the candidate’s current supervisor, and the other reference letters can be from previous supervisors or managers. The letters should attest to the candidate's character, and explain why he/she is deserving of the TEM designation. The letters may outline individual accomplishments, work ethic, leadership skills/roles job responsibilities, years of work experience, and initiatives taken in job/field. All letters should be signed and on official letterhead.

* Course Work. The TEM recertification applications outlines that course work completed to earn a baccalaureate degree cannot also be used to meet any portion of the hours of disaster/emergency management training and/or the hours of general management training. If additional advanced degrees are held, however, associated coursework can be applied to training.
* No double dipping of professional contributions and exercise participation in Texas is allowed. You may list the contribution or exercise in either category, if appropriate, but not the same in each category.

**Maintaining Certification:**

Recertification is maintained in a five-year cycles.

Cover Sheet with Code of Conduct Pledge:

**Check List: Update**

* Completed Application Cover Sheet with Code of Conduct Pledge:

I understand that certification is subject to EMAT Executive Board approval, and if granted, is current for five-year period. I will execute the necessary documents and supply any additional information as determined by EMAT.

**Candidate Reference Requirement:**

* Candidate must submit the names of three references, and information on their references sources, as requested below. (Note-let your references sources know they are being listed, and that the Commission will make verification calls to check the information provided.)
* Reference sources that qualify are:
	+ - Current supervisor-The first reference must be your current supervisor. This will be the person responsible for initiating your annual performance, 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 5 years) are those listed in work history.
* Local, state, or federal government officials or department heads;
* Emergency service organization officials (e.g., public, private, military, tribal)
* State or national emergency management association officers
* Others (by request to and approval of the Certification Commission)
* Reference sources who **do not** qualify are:
* A subordinate
* A former student
* Friends, neighbors, or relatives
* Reference letter
	+ The letters should attest to the candidate's character, and explain why he/she is deserving of the TEM designation.
	+ The letters may outline individual accomplishments, work ethic, leadership skills/roles job responsibilities, years of work experience, and initiatives taken in job/field.
	+ All letters should be signed, complete contact information provided, and on official letterhead.

**Work History and Exercise/Real Event:**

* Work History-Within the last 5 years, must include four years full-time equivalent (2,000 hours per year or more) experience in a comprehensive emergency management position with at least two years served in Texas.
* For each job listed a full job description is required and the period covered. Letter from your supervisor or Human Resources.
* For those using military experience an MOS showing job description
* For those using intern, volunteer, or contracting experience, hours worked must be verified by billable hours, pay sheets showing hours worked, or contact hours worked, etc.
* Meaningful role in the development and/or participation in a full-scale exercise in Texas OR an actual disaster and recovery management experience in Texas that necessitated activation of local emergency plans.
	+ - Name and describe the exercise or activity,
		- Describe your specific role and responsibility(ies),
		- Describe what you learned, and
		- What mitigation activates were identified.
		- Must include documentation to support your participation (e.g., organizational chart, Incident Action Plan showing your activity, exercise documentation-EX Plan, Controller/Evaluator Handbook, agenda from a planning meeting showing your participation, exercise participate form, sign-in sheets of the event, etc.).

**Training Hours:**

Submit documentation which demonstrates education and confirms contributions to the emergency management profession.

* Verification must be attached in the form of a certificate or transcript reflecting the course. Verification must reflect the number of classroom hours earned.
* If hours are not included on the certificate and it is a FEMA course, you will receive only the minimum recommended hours. Please refer to the Sample CEM Training Course Allocation Table found at the following website: <https://www.iaem.com/page.cfm?p=trainingallocationtables>
* One Continuing Education Unit (C.E.U.) =10 classroom hours.
* If the training certificate does not include hours, then it is the candidate's responsibility to provide independent verification (e.g., copy of training catalogue or a letter from the organization teaching the course) of training hours for the courses they are seeking credit. Otherwise, one full day of training will equal 6-hours of credit.
* A course syllabus or curriculum outline is required as part of the training documentation for courses not listed on the Sample Training Allocation Chart (STAC).
* Non-FEMA courses will receive up to six hours credit per day unless additional hours can be independently verified (course syllabus, agenda, course catalog, etc.)
* Training title, association or agency who provided the course, a complete course number, identification of the course training as either emergency management or a general management (E or G), and the number of C.E.U.s for the course are the elements that must be provided in the table (e.g., Emergency Manager: An Orientation to the Position, FEMA, IS-1a, E, 6).
* If any of the above elements are missing, e.g., C.E.U.s, identify the STAC as to the number of hours listed, and provide support documentation by highlighting the course and hours on the sheet and attaching it to your application.
* After the table is filled out for either emergency management or general training, place the certificate in the order they are listed in the table and upload to the application.
* Training courses will only be counted if they have been taken in the last five (5) years of the certification application date.
* Each candidate must demonstrate successful completion of classroom hours in emergency management, **AND** successful completion of classroom hours in general management depending on the recertification table.

**Professional Contributions to and Support of the Field of Emergency Management:**

Each category does require specific verification documentation for each activity and will be checked by the Certification Commission.

* The concept of professionalism is ultimately defined as one’s contributions to the profession. Candidates can list any activities giving special consideration to the most current activities.
* Specific verification documenting activity is required such as a letter, certificate, or other proof of activity; contact information also is solicited for some contributions and will be checked at the Commission’s discretion.
* All information must be submitted on the appropriate forms, contribute to and support the field of Disaster/Emergency Management, have occurred during the last five (5) years since the application date of the packet, and can be part of the scope of your normal job responsibilities **EXCEPT** for C. Service Role and D. Leadership Role which must be beyond the scope of your normal job responsibilities and verified by your supervisor that they are not part of your normal job responsibilities.
* A valid and verifiable submission of appropriate number of categories determined on the recertification chart found on page 2 is necessary to meet this requirement.

**A. Membership:**

* + An active paid membership in a disaster/emergency management related professional organization for at least three years for a TEM recertification and current membership in EMAT. An example that does not meet the requirement: LEPC, taskforce, COG meetings, etc. Documentation is required (e.g., paid invoice or membership card). The candidate must continue his/her membership in EMAT to retain the designation use after their name.

**B. Professional Conference:**

* + Participation in a disaster/emergency management-related workshop or conference for at least a cumulative total of 40 contact hours. (Must have verifiable document(s) for proof of registration and attendance, e.g., successful completion certification, program, agendas, name badge, etc. The dates of the conference must be included).

**C. Service Role:**

* + Voluntarily serve on a board of directors, committee, task force or special project for a professional, or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be minutes of the meeting where you are identify, agenda, sign in sheets, etc. Highlight your recognition and or involvement.

**D. Leadership Role:**

* + Voluntarily serve as an elected officer or in leadership position on a board of directors, a board committee, a task force, or a special project for a professional, emergency management or a jurisdictional organization contributing to or supporting disaster/emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be a letter from the board or committee chair or task force leader of your involvement or an agenda showing your position. Explain your contribution in this position.

**E. Special Assignment:**

* Involvement in a special assignment for a committee, task force, or work group addressing a substantive disaster/emergency management issue.
* The resulting product or decisions must make a significant contribution to or impact on the disaster and comprehensive emergency management profession.
* A supporting document for this assignment would be a letter from your supervisor stating that the project was above and beyond your job requirements and provide proof of the contribution (e.g., the document produced, the policy created, results of the committee/ task force or working group efforts.)

**F. Speaking:**

* + Develop (create) and participate in three presentations or panels of a minimum of 20 minutes each (including radio, television, educational, video, etc.) during the past five (5) years from the certification date related to disaster/emergency management.
	+ The audience may be a community or a professional group. Candidate must be the presenter and not just the author of the presentation.
	+ Verification documentation for this activity could be a letter from the sponsoring agency to verify your participation, thank you note, certificate, PowerPoint presentation, agenda showing you listed as a speaker/presenter, etc.

**G. Teaching:**

* + Complete a formal teaching or instructing commitment relating to disaster/emergency management that equals or exceeds three hours of actual platform instruction.
	+ Documentation of this activity may be agendas, letter from the sponsoring agency, or course manager’s report with roster.

**H. Course Development**

* + Play a significant role in the development or extensive revision of an educational emergency management course of at least three hours in length.
	+ Documentation of this activity may be a letter from the sponsoring agency, course manager, agenda or email showing your role and responsibility for the development or revision.

**I. Publications:**

* + Publish a substantive disaster/emergency management article, research project, or other publication relating to the emergency management field.
	+ The article/publication must have an independent editorial review and be published in a document beyond the candidate’s control (e.g., staff documents and internal reports do not qualify).
	+ Candidate must validate primary or secondary authorship. If the publication does not site the author, the candidate must submit written validation of authorship (e.g., letter from the publisher or supervisor).
	+ Publication in online periodicals qualifies (peer review publications and about emergency management).
	+ A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc.
	+ If other published documents are included in your submission, highlight your publication’s title.

**J. Audio-Visual and Interactive Products:**

* + Personally develop content for distributed emergency management video, computer software product or other audio-visual tool.
	+ Candidate must validate personal participation and a significant development role in a distributed emergency management audio-visual tool.
	+ A PowerPoint presentation will not qualify.
	+ Verification documentation could be the website where the product resides where it can be seen or reviewed.

**K. Awards:**

* + Receive an award for disaster/emergency management related activities.
	+ Verification would be a copy of the award if paper. A picture of the award.
	+ A certificate of appreciation is not an award.

**L. Certification Related to Emergency Management**

* + Earned certification or registration as an emergency manager or related to emergency management through a government agency, or state/province association; that is emergency management related, contains a continuing education unit (CEU) requirement and a term of expiration.
	+ An example of verification documentation would be a business continuity planner-CBCP through DRII and including your certification in the application.

**M. Legislative Contact:**

* + Testify before a legislative body
	+ Verification documentation would be an agenda, letter, or email sent showing dates, times, and responses would be appropriate.

**OR**

* + Contact an elected representative at the national, regional, tribal, or local government level regarding an emergency management issue.
	+ The candidate must submit a copy of his/her original correspondence and a copy of the reply from the elected official. Automatic replies will not be accepted.

**Cover Sheet TEM**© **Recertification**

Name:

Address:

Job Title:

Work Phone:

Cell Phone:

E-Mail:

**EMAT Code of Professional Conduct**

The EMAT Executive Board enforces the Code by receiving and investigating all complaints of violations and by taking the necessary action, as appropriate, including but not limited to the revocation of an individual's TEM© certification.

The Code of Professional Conduct

The Code embodies the TEM© certification program philosophy and objectives. Each TEM© promises to:

* Accept and dutifully carry out all associated responsibilities incumbent upon his or her position of public trust;
* Serve the public with integrity and honesty in all matters;
* Promote public awareness toward and understanding of emergency preparedness and public protection;
* Foster excellence in emergency management by keeping abreast of pertinent issues;
* Enhance individual performance through continuing education and applied technology;
* Avoid conflict of interests resulting in personal gain or advantage or the perception thereof;
* Conserve and protect resources through effective use of funds, accurate assessment of potential hazards, and timely decision making;
* Maintain confidentiality of privileged information; and
* Share his or her work product with other TEMs© in order to expand the collective capability of the profession.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_support the Code of Professional Conduct and will abide by its precepts. (Date)

TEM© Recertification Checklist

*Use this checklist to ensure your submission is complete.*

*Initial each section*

**A. Completed Application Cover Sheet with Code of Conduct Pledge:** (Please initial each area)

*\_\_\_\_\_\_\_\_\_\_Requires Signature.*

**B. Completed Credentials Packet:**

**\_\_\_\_\_\_\_\_\_\_**Membership in EMAT for the duration of the certification. If you do not renew your membership during the time you qualify as a TEM©, you will not be able to use the TEM© designation after your name.

\_\_\_\_\_\_\_\_\_\_References

Requires three (3) individuals who are current contacts.

\_\_\_\_\_\_\_\_\_\_Work History

Four (4) years in emergency management with required 2 years of experience in Texas

***And***

*\_\_\_\_\_\_\_\_\_\_*Participation in a full-scale exercise

***Or***

*\_\_\_\_\_\_\_\_\_\_*Actual disaster experience in Texas and copies of your position descriptions or supervisor statements.

\_\_\_\_\_\_\_\_\_\_Training

Requires documentation (certificates) and contact information, if no certificate was given, regarding training in the last five (5) years from the date of your last certification. (See page 2 for the number and type of training required as it relates to the number of recertification years.)

*\_\_\_\_\_\_\_\_\_\_Emergency Management Training (hours)*

*\_\_\_\_\_\_\_\_\_\_General Management Training (hours)*

*\_\_\_\_\_\_\_\_\_\_Over all EM/GM Training (hours)*

\_\_\_\_\_\_\_\_\_\_Contributions to the Profession

Requires documentation or contact information where requested contributions made in Texas in the last five (5) years from the date of your last certification. (See page 2 for the number of contributions required as it relates to the number of recertification years.)

**D. Miscellaneous:**

\_\_\_\_\_\_\_\_\_\_\_\_Type All Materials (unless otherwise specified, such as a signature and copies of supporting documentation.)

\_\_\_\_\_\_\_\_\_\_\_\_Fees Payment Enclosed ($150.00)

*Application packet will be scanned as a PDF file and uploaded into the EMAT website at:*

**https://www.emat-tx.org**

*Payment will also be processed at the same time on the secured web portal.*

*The cost of the application is $150.00. You must be a member of EMAT to apply for recertification of your TEM*© *and to continue to use the designation, you must remain a member of EMAT.*

I wish to receive notices at my: \_\_\_\_\_Office \_\_\_\_\_Home

I understand my electronic application will be purged/deleted from the EMAT system following the Annual Awards Ceremony.

[ ]  Yes, I understand the application disposition policy.

If awarded certification, I will allow EMAT to post my picture on its web site: [ ]  Yes [ ]  No

The recertification deadline date is December 31th of the fourth (4th) year as it appears on my certificate.

**Notes:**

1. **Requirement: Checklist must be completed and included in recertification application.**
2. The applicant applying for a recertification of TEM, must submit a complete TEM application.
3. The five (5) year period is as of the date of signature on this application.
4. Names and phone numbers provided for individuals that can verify information will only be used for minor clarifications. They will not be used as the sole source for verification. **The documentation must stand on its own**.

**REFERENCES**

Candidate must submit the names of three references, and information on their references sources, as requested below.

(Note-let your references sources know they are being listed, and that the Commission will make verification calls to check the information provided.)

See pages 4 for details on reference letters. Place the letters behind this sheet when scanning.

Current Supervisor

Past Supervisors of those listed in work History.

**WORK HISTORY / EXPERIENCE SECTION INSTRUCTIONS**

|  |  |
| --- | --- |
| **Criteria** | **Recertification for TEM** |
| ***Work History/ Experience*** | Four (4) years with at least two (2) years of disaster related and/or emergency management experience in Texas. Support documentation required from agency benefitting from this service;**AND**[ ]  One experience either a Texas Full-scale exercise development or significant role in the last five (5) years.**Or**[ ]  Actual disaster/emergency management participation in a disaster in Texas in the last five (5) years. |

**Work History / Experience**

I. Work Experience must be Emergency Management related. It must demonstrate participation in two (2) of the five (5) mission area of Emergency Management: mitigation, prevention, protection, response, and recovery. **Proof of Emergency Management related work and experience must be documented with a position description and signed documentation from the Emergency Management Director for the jurisdiction which the service occurred identifying dates of direct emergency management service.**

**See page 4 for further information.**

**Work History/Experience #1**

Period Covered:

Jurisdiction/Company/Organization:

Job Title:

Address:

City/State/Zip:

Point of Contact/Title:

Office Phone/E-mail:

**Work History/Experience #2**

Period Covered:

Jurisdiction/Company/Organization:

Job Title:

Address:

City/State/Zip:

Point of Contact/Title:

Office Phone/E-mail:

**Work History/Experience #3**

Period Covered:

Jurisdiction/Company/Organization:

Job Title:

Address:

City/State/Zip:

Point of Contact/Title:

Office Phone/E-mail:

**Work History/Experience #4**

Period Covered:

Jurisdiction/Company/Organization:

Job Title:

Address:

City/State/Zip:

Point of Contact/Title:

Office Phone/E-mail:

**EXERCISE / DISASTER EXPERIENCE**

Please indicate one of the following: **\_\_\_\_\_**Disaster Experience \_\_\_\_\_Exercise Experience

Duplicate the information below as needed.

**See Instruction sheet for this section on page 4-5 before completing.**

Texas Location:

Date/duration of event:

Describe the experience **(be specific)**:

Describe your role **(be specific)**:

Describe what you have learned through your participation **(be specific)**:

Name and phone number who can verify exercise or disaster experience:

**TRAINING SECTION INSTRUCTIONS**

As of October 1, 2017, the requirements are outlined below in the chart.

GM=General Management

EM=Emergency Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requirement Type** | **5 years certified** | **10 years certified** | **15 years certified** | **20 years certified** | **25+ years certified** |
| Training | 100 hours Total25 GM25 EM hours50 hrs. GM or EM | 75 hours Total20 GM20 EM35 hrs. GM or EM | 50 hours Total15 GM15 EM20 hrs. GM or EM | 40 hours Total15 GM15 EM10 hrs. GM or EM | 25 hours Total10 GM10 EM5 hrs. GM or EM |
| Professional Contribution Categories | 3 | 4 | 5 | 6 | 6 |

**General Management** training and education contributes to and compliments emergency management tasks and/or improves an individual’s ability to function as an effective emergency manager.

**Emergency Management** training and education improves knowledge, skills, and abilities specific to the emergency management function.

* + - 1. Applicants should pay close attention to the time requirements in the Training Section.
			2. Training course documentation (certificates, training submission forms, etc.) should beput into the **same order as listed on the Training Summary Form**.If an applicant presents training in an unorganized manner, the commissioners will disqualify the Training Section of the application. This would cause the entire application to be denied and returned to the applicant.
			3. Leave PDS and ICS pre-populated titles as printed. List additional training courses in alphanumeric order on the Summary of Training Hours Form and present in the order listed.
			4. **Acceptable General Management Training** includes training courses that are general management training that qualify: principles of management, finance, business administration, organizational behavior, budgeting, community development, human resources/relations, public relations, volunteer development, grants management, computer systems, business communications, public speaking, marketing etc. Persons documenting a four (4) year Bachelor’s degree from an **accredited institution** have their General Training requirements waived for one recertification application. (Example if the degree was received during the 5 year certification process 25 hours of GM will be waived up to 75 hours. During the ten year certification-20 hours of GM will be waived up to 55 hours. Fifteen years certified-15 hours of GM will be waived up to 35 hours.
			5. **Acceptable Emergency Management Training** includes any local, state, or federal sponsored emergency management training course or other emergency management related training course.
			6. The EMAT Certification Commission will recognize the lesser of hours published on the course completion certificate or those on the CEM /AEM Training Course Allocation Table.
			7. **Applicants are required to fill out and include a Training Submission Form** for courses that are **NOT** listed on the CEM/AEM Training Course Allocation Table document. Failure to submit a Training Submission Form for unlisted courses will result in disqualification of the training course. A course description, agenda, syllabus, or curriculum outline is required as part of the training documentation for courses not listed.
			8. If the training certificate does not include hours then it is the candidates’ responsibility to provide independent verification of training hours for courses which they are seeking credit (e.g., copy of training catalogue or a letter from the organization teaching the course). Otherwise, one full day of training will equal seven (6) hours of credit.
			9. A **maximum of twenty-five (25) hours** will be accepted for any one documented training course.
			10. Emergency Management conferences, seminars, or workshops must have attained contact hours to be eligible for consideration. **Maximum credit of ten (10) hours.** If a conference is used in the Training Section, it cannot be duplicated in the Professional Contribution Section.
			11. Regionally accredited college or university classroom or independent study courses one semester hour = 1.5 quarter hours = fifteen (15) hours toward certification; one (1) continuing education unit (CEU) = ten (10) hours toward recertification. A Training Submission Form must be filled out for both of these types of courses.
			12. It is suggested that the applicant submit documentation for slightly more than the minimum required hours. This could potentially avoid the denial of the application if a training submission is found to not qualify as valid.
			13. Courses must be taken in the last five (5) years of your last certification.
			14. Insert certificates and Training Submission Forms in the order they are reported on this form, with documentation behind each Training Submission Form as they are presented. If you are using a second college degree (different from the one which fulfills the Education Requirement), attach a transcript. Supporting documentation must be attached.

**SUMMARY OF EMERGENCY MANAGEMENT TRAINING HOURS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EM or GM** | **Course #** | **Title of Training Course** | **Course Date**  | **Total Course Hours** | **Allow-able Hours**  |
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|  |  | **TOTALS** |  |  |  |

**REPRODUCE THIS FORM AS OFTEN AS NECESSARYFOR COURSES NOT LISTED ON THE** CEM /AEM TRAINING COURSE ALLOCATION TABLE

**TRAINING SUBMISSIONS FORM**

Please Indicate Type of Training: [ ]  General Management

 [ ]  Emergency Management

This form is to be used for courses not listed on the CEM/AEM Training Course Allocation Table

Training Title:

Course Number (as applicable):

Training Source:

Training Length (in hours): **Applicable Mission Area**:

Course Description (copy of course description, agenda, syllabus or curriculum outline is acceptable)

Training Content Summary (You may instead attach a copy of the catalog or other printed description of the course or a syllabus):

**REMEMBER:**

* + Attach to this form a college or FEMA transcript, certificate of completion, **or** final class roster with your name or other acceptable documentation from the institution that conducted the training.
	+ A **maximum of twenty five (25) hours** will be accepted for any one documented training course.
	+ Supporting documentation should be attached and must show the number of classroom hours (or college credits for a college course).

**PROFESSIONAL CONTRIBUTIONS SECTION INSTRUCTIONS**

As of October 1, 2017, the requirements are outlined below in the chart.

GM=General Management

EM=Emergency Management

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requirement Type** | **5 years certified** | **10 years certified** | **15 years certified** | **20 years certified** | **25+ years certified** |
| Professional Contribution Categories | 3 | 4 | 5 | 6 | 6 |

The concept of professionalism is ultimately defined as one’s contributions to the profession. Candidates can list any or all activities giving special consideration to the most current activities. Specific verification documenting activity is requested such as a letter, certificate, or other proof of activity. Contact information also is solicited for some contributions and will be checked at the Commission’s discretion.

All submissions must contribute to and support the field of Emergency Management. Contributions must have occurred during the last five (5) years. **Contributions must clearly demonstrate a commitment to the emergency management profession.**

Each candidate must satisfy the requirement of professional contributions to the emergency management community.

1. Contributions submitted for credit must include the date(s) and be supported by adequate documentation.
2. All Professional Contributions **must have occurred within the last five (5) years from your last certification.**
3. All Professional Contributions must be obtained in Texas or obtained as part of a Texas Supported Deployment.
4. Each category is limited to one (1) contribution credit.
5. Do not duplicate any activities already included in the application (e.g., Disaster Experience or Exercise).
6. It is suggested to submit more than the minimum contributions (e.g., if you are required to submit three (3) contributions, submit an extra one (1) or two (2) to make sure that the requirements are fulfilled).
7. Pay close attention to **NOTES** that may be at the top of the Contribution Submittal Form. This will indicate what is being focused on by the reviewing Certification Commissioners.
8. **Documentation must be submitted to clearly support your claim of the activity.** Commissioners do not contact the provided reference unless there is a question on the activity or documentation submitted.
9. **Each applicant is required to fill out the Professional Contributions checklist to indicate which Contributions the applicant has submitted documentation**. Do not upload contributions that you do not have documentation for.

**10. A Disaster/Significant is defined as:** E*vents or incidents that involve impacts or threats to life safety and property and requires activation of multiple Command and General Staff positions, as well as, supervisor and unit leader level positions. The incident extends into multiple operational periods and requires multiple agency coordination, as well as, management of a significant number of resources and produces reports (SITREPS, IAPs, etc.).*

**PROFESSIONAL CONTRIBUTIONS TO EMERGENCY MANAGEMENT**

**CHECKLIST**

**Checklist must be completed and included in the certification application.**

**Supporting documentation for each professional contribution to emergency management must show proof of your claim for consideration.**

|  |  |  |
| --- | --- | --- |
| **Contribution Number** | **Contribution Name** | **Description** |
| **A** [ ]  | **Membership** | An active paid membership in a disaster/emergency management related professional organization for at least three years. To maintain your TEM© and use the designation you must be a member to EMAT. An example that does not meet the requirement: LEPC, taskforce, COG meetings, etc. Documentation is required (e.g. paid invoice or membership card). |
| **B** [ ]  | **Professional Conference** | Participation in a disaster/emergency management-related workshop or conference for at least a cumulative total of 40 contact hours. (Must have verifiable document(s) for proof of registration and attendance, e.g., successful completion certification, program, agendas, name badge, etc. The dates of the conference must be included). |
| **C** [ ]  | **Service Role** | Voluntarily serve on a board of directors, committee, task force or special project for a professional, or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be minutes of the meeting where you are identify, agenda, sign in sheets, etc. Highlight your recognition and or involvement. |
| **D** [ ]  | **Leadership Role** | Voluntarily serve as an elected officer or in leadership position on a board of directors, a board committee, a task force, or a special project for a professional, emergency management or a jurisdictional organization contributing to or supporting disaster/emergency management (must not be part of the applicant’s required job duties). LEPC service may not qualify. Documentation to support this role would be a letter from the board or committee chair or task force leader of your involvement or an agenda showing your position. Explain your contribution in this position.  |
| **E** [ ]  | **Special Assignment** | Involvement in a special assignment for a committee, task force, or work group addressing a substantive disaster/emergency management issue. The resulting product or decisions must make a significant contribution to or impact on the disaster and comprehensive emergency management profession. A supporting document for this assignment would be a letter from your supervisor stating that the project was above and beyond your job requirements and provide proof of the contribution (e.g., the document produced, the policy created, results of the committee/ task force or working group efforts.) |
| **F** [ ]  | **Speaking** | **Develop** (create) and participate in three presentations or panels of a minimum of 20 minutes each (including radio, television, educational, video, etc.) during the past ten years from the certification date related to disaster/emergency management. The audience may be a community or a professional group. Candidate must be the presenter and not just the author of the presentation. Verification documentation for this activity could be a letter from the sponsoring agency to verify your participation, thank you note, certificate, PowerPoint presentation, agendas showing you listed as a speaker/presenter, etc.). |
| **G** [ ]  | **Teaching** | Complete a formal teaching or instructing commitment relating to disaster/emergency management that equals or exceeds three hours of actual platform instruction.Documentation of this activity may be agendas, letter from the sponsoring agency, or course manager’s report with roster.  |
| **H** [ ]  | **Course Development** | Play a significant role in the development or extensive revision of an educational emergency management course of at least three hours in length.Documentation of this activity may be a letter from the sponsoring agency, course manager, agenda or email showing your role and responsibility for the development or revision.  |
| **I** [ ]  | **Publication** | Publication of an emergency management article, research project, or other publication relating to the emergency management field. The article/publication must have an independent editorial review and be published in a document beyond the applicant’s control (e.g., staff documents and internal reports do not qualify). Applicant must validate primary or secondary authorship. Publications in online periodicals qualify (peer review publications and about emergency management). A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Applicants must have served as author, co-author, or contributor on publication. Play a significant role in the development or extensive revision of an educational emergency management course of **at least three (3) hours** in length. (Must not be part of the applicant’s *required* job duties). If other published documents are included in your submission, highlight your publication’s title. |
| **J** [ ]  | **Audio-Visual and Interactive Products** | Personally develop content for distributed emergency management video, computer software product or other audio-visual tool. Candidate must validate personal participation and a significant development role in a distributed emergency management audio-visual tool. A PowerPoint presentation will not qualify. Verification documentation could be the website where the product resides where it can be seen or reviewed. |
| **K** [ ]  | **Awards** | Received an award achieved through a nomination process in the field of emergency management or special recognition in conjunction with an emergency management activity. Receive an award for disaster/emergency management related activities.Verification would be a copy of the award if paper or a picture of the award.A certificate of appreciation is not an award.  |
| **L** [ ]  | **Certification Related to Emergency Management** | Earned certification or registration as an emergency manager or related to emergency management through a government agency, or state/province association; that is emergency management related, contains a continuing education unit (CEU) requirement and a term of expiration.Example of verification documentation would be a business continuity planner-CBCP through DRII and including your certification in the application. |
| **M** [ ]  | **Legislative Contact**  | Significant contact with an elected representative or independent governmental regulator commission created by legislative act at the national, state or local level regarding an emergency management issue. The applicant must show that they have had an ongoing dialogue with the representative. Testify before a legislative bodyVerification documentation would be an agenda, letter, or email sent showing dates, times, and responses would be appropriate.**OR**Contact an elected representative at the national, regional, tribal, or local government level regarding an emergency management issue.The candidate must submit a copy of his/her original correspondence and a copy of the reply from the elected official. Automatic replies will not be accepted.  |

**A. PROFESSIONAL MEMBERSHIP**

**Active membership for three (3) years** in an emergency management related professional organization and a current member of EMAT. To retain the TEM© designation, you must be a member of EMAT while certified as a TEM©. The basis of qualification for this contribution is the organization’s mission, which should be concerned about one or more mission areas 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 website). The scope of the organization should be state, national, or international. Examples include professional organizations such as IAEM, EMAT, NEMA, and Association of Contingency Planners.

1. Submit a copy of the current membership card or membership directory for each year of membership. One (1) single membership organization for the required number of years or any combination of organizations over the required period. While multiple organizations may be used, documentation of different years must be provided. You must maintain membership in EMAT to continue to use the designation of TEM© after your name.

Membership years:

Name of association or organization:

Describe how the association or organization relates to emergency preparedness:

Describe how your affiliations with association or organization benefit you and the organization you represent:

Upload membership cards or email showing membership.

**B. PROFESSIONIAL CONFERENCE:**

Attendance at a national or state conference or annual meeting relevant to emergency management. Acceptable conferences may be hosted by national, state, regional, or local agencies with an emergency management role.

1. **Training (how to) workshops do not fulfill this requirement.** A one or two day meeting on a single topic is considered a workshop.
2. **Applicants cannot duplicate a conference here when they have sought the ten (10) hour training credit in the Training Section.**
3. **Applicant must submit a verification of attendance (e.g., acknowledgment letter, certification of attendance, etc.).**

Title of Conference:

Sponsoring Organization:

Date of Conference:

Location of Conference:

Description of benefits derived from attendance:

Verification Contact/Phone:

**C. SERVICE ROLE**

Service project is a contribution to the local community of the applicant as it directly relates to enhance emergency management activities. Serving on a board of directors, committee, task force, or special project for a professional or jurisdictional organization contributing to or supporting emergency management (must not be part of the applicant’s required job duties).

This service should not be one of the core duties of employment. For example, being a member of a Local Emergency Planning Committee (LEPC) is sometimes a requirement of employment. Serving on a multijurisdictional committee/task force where the individual is asked to serve because of their emergency management knowledge is acceptable.

Documentation substantiating the service role, such as a letter of appointment or meeting minutes showing the candidate’s attendance and participation, etc. must be provided.

Time frame/length of service:

Committee/task force title:

Sponsoring organization (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Name and phone number of individual who can verify service role:

Certification by supervisor or other appropriate person that this activity was not part of the applicant’s routine job requirements:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. LEADERSHIP ROLE**

This is state, regional or local committee work resulting in a significant positive impact on the emergency management community. Serving as an elected officer or in a leadership position on a board of directors, board committee, task force, or special project for a professional, emergency management, or jurisdictional organization contributing to or supporting emergency management **(must not be part of the applicant’s required job duties)**.

Contributions must clearly demonstrate a commitment to the emergency management profession above and beyond what is normally expected from completion of an individual’s job responsibilities. Any assignment indicated in the applicant’s job description does not meet the criteria for a leadership role contribution (e.g., a contribution that does not meet the criteria is a leadership or service role on a task force or committee that is identified in your job description or part of the mission of your organization.)

1. **Applicant must demonstrate being an actual officer or board member, utilizing one single service role.**
2. **Minimum of one (1) year participation in the leadership role.**
3. **Documentation must be provided (e.g., Documentation may be a list of the board/officer members with their assignment, copy of meeting minutes listing your leadership position, etc.).**

Time frame/length of service:

Elected Officer/Position:

Sponsoring organizations (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Individual who can verify your leadership role (list name and telephone number):

Certification by supervisor or other appropriate person that this activity was not part of the applicant’s routine job requirements:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E. SPECIAL ASSIGNMENT**

The involvement in a special assignment for a committee task force or working group addressing disaster/emergency management issues. The resulting product or decisions must make a significant contribution to or impact on the emergency management community.

There needs to be documentation that this assignment is an individual accomplishment rather than a position requirement. A special assignment is not something that is a core part of your job. However, a positive response does not necessarily disqualify but will require further 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.

1. Verification of assignment must be attached.

Time frame/length of service:

Committee/task force title:

Sponsoring organization (be specific):

Description of charge/assignment:

Description of your role/contribution:

Description of product/contribution to the emergency management field:

Individual who can verify your service on the special assignment (list name and telephone number):

**F. SPEAKING**

Develop and participate in a minimum of three (3) presentation or panel for a **minimum of twenty (20) minutes** each (including radio, television, educational, video, etc.) related to an emergency management issue.

1. The audience may be a community or professional group.
2. Applicant must be the presenter.
3. Applicant must attach verification of presentation. (May be a thank you note from the host noting date presented, topic, number of participants, and contact information on official letter head.)

Date of activity:

Location of activity:

Sponsoring organization:

Length of engagement:

Description of engagement:

Name and phone number of individual who can verify speaking engagement:

**G. TEACHING**

Complete a formal teaching or instructing commitment relating to an emergency management related course, which **equals or exceeds two (2) hours** of actual platform instruction **where a certificate or credits are issued**. The emphasis of this area is teaching an aspect of emergency management.

Example of teaching under this category include teaching a course on emergency management at a college or university, teaching professional development course of two (2) hours or more related to emergency management, or similar instructional commitment where the emphasis is on professional emergency management topics. Teaching is intended to impart the profession of emergency management. For example, ICS or All Hazards Planning courses would be acceptable.

1. Providing technical skills training (HAZMAT, Fire, Law Enforcement, or EMS) to technical or professional people is not teaching professional emergency management.
2. **Applicant** **must attach verification of teaching or instructing.**

Date of activity:

Location of activity:

Sponsoring organization:

Length of engagement:

Description of engagement:

Name and phone number of individual who can verify teaching or instruction commitment:

**H. COURSE DEVELOPMENT**

Play a significant role in the development o or extensive revision of an educational emergency management course of at least three hours in length. Documentation of this activity may be a letter from the sponsoring agency, course manager, agenda or email showing your role and responsibility for the development or revision.

Name/& Number of Course:

Objectives of the course:

Sponsoring organization:

Length of course to be presented:

Description of course and your involvement:

Name and phone number of individual who can verify your involvement:

**I. PUBLICATIONS**

This refers to a publication of an emergency management article, research project, or other publication relating to the emergency management field. The article/publication must have an independent editorial review and be published in a document beyond the applicant’s control (e.g., staff documents and internal reports do not qualify). Applicant must validate primary or secondary authorship. Publications in online periodicals qualify (peer review publications and about emergency management). A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Applicants must have served as author, co-author, or contributor on publication. Play a significant role in the development or extensive revision of an educational emergency management course of at least three (3) hours in length. (Must **not** be part of the applicant’s *required* job duties).

1. Applicant must validate primary or secondary authorship.
2. A copy of the publication must be printed and inserted as documentation along with any explanatory details about the publisher, circulation, audience, etc. Highlight your publication’s title if within a published document.
3. **Announcements, flyers, and documents written as work projects will not be considered.**

*(Please check one)* \_\_\_\_\_Primary Authorship \_\_\_\_\_Secondary Authorship

Title:

Publication source:

Publication date:

Description of publications contribution to the emergency management field:

Name and phone number of individual who can verify publication:

Certification by supervisor or other appropriate person that this activity was not part of the applicant’s routine job requirements:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**J. AUDIOVISUAL AND INTERACTIVE PRODUCT**

Personally develop content for distributed emergency management video, computer software application, web site or other audiovisual tool in the field of emergency management. Contributions must clearly demonstrate a commitment to the emergency management profession above and beyond that normally expected from completion of an individual’s job responsibilities. Any assignment indicated in the candidate’s job description does not meet the criteria for Audiovisual and Interactive Product contribution (e.g., development of forms or a computer program that is identified in your job or part of the mission of your organization to include video of an exercise in which you participated).

1. Applicant must validate participation and significant development role at time of submission.
2. Applicant must show proof of involvement in the development.
3. **PowerPoint type presentations are not applicable.**

Title:

Date of production:

Sponsoring organizations (be specific):

URL, if a web site:

Description of product:

Description of its significant contribution(s) to the emergency management field (include references to product audience):

Name and phone number of individual who can verify Audiovisual and Interactive Product:

**K. AWARDS**

Received an award achieved through a nomination process in the field of emergency management, or special recognition in conjunction with an emergency management activity.

To satisfy this requirement, applicant may submit any award, honor, or special recognition received within the emergency management community or in conjunction with emergency preparedness activity. The award, honor, or special recognition must be personalized (e.g., addressed or inscribed) and refer directly to the candidate. Recognition from a source external to your own organization is more within keeping with the intent of professional contribution.

1. An award from the city/county administrator or board, state or federal agencies for emergency management related activities to the individual are an example of the type of recognition envisioned.
2. Awards for longevity (25 years of service) or routine performance awards are not adequate for inclusion under this category. Routine mass mailed thank you letters or certificate of participation are not acceptable.
3. **The Professional Development Series (PDS) or Advanced Professional Series (APS) do not qualify.**
4. **Applicant must submit proof documenting receiving award or special recognition and date is suitable to verify.**

Date of award/special recognition:

Title of award/special recognition:

Sponsoring organization:

Describe the award/special recognition and your role and contribution that led to your selection as the recipient (be specific):

Describe why the award is unique or special:

Name and phone number of individual who can verify award/special recognition:

**L. CERTIFICATION RELATED TO EMERGENCY MANAGEMENT**

Earned certification or registration as an emergency manager or related to emergency management through a government agency, or state/province association; that is emergency management related, contains a continuing education unit (CEU) requirement and a term of expiration.

Example of verification documentation would be a business continuity planner-CBCP through DRII and including your certification in the application.

Date of Certification:

Type of Certification:

Copy of Certification uploaded to the application:

Name and phone number of individual who can verify certification:

**M. LEGISLATIVE CONTACT**

Significant contact with an elected representative or independent governmental regulatory commission created by legislative act at the national, state or local level regarding an emergency management issue. The applicant must show that they have had an ongoing dialogue with the representative.

Applicant must submit a verification of the resulting legislative activity (e.g., original correspondence detailing the issue; agency legislative contact form or memorandum to file documenting contact and discussion details; acknowledgment letter on letterhead responding with technical specifics of issue; whitepapers, constituent surveys or data reports; certificate of appreciation, etc.).

Date(s) of contact:

Description the issue:

Description of the results of the contact:

Name and phone number of individual who can verify involvement: