APPLICATION PACKET

CERTIFIED FLOODPLAIN MANAGER PROGRAM (CFM® PROGRAM)

Administered by the
OKLAHOMA FLOODPLAIN MANGERS ASSOCIATION, Inc.



January 16, 2023

OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, INC.
CERTIFIED FLOODPLAIN MANAGER (CFM®) APPLICATION

Dear Applicant:

Enclosed is an application packet for registration as a Certified Floodplain Manager (CFM®) through the Oklahoma Floodplain Managers Association's Inc. Certified Floodplain Manager Program, as developed by the Professional Development Certification Committee. It is advisable to obtain a copy of the Program Charter, Study Guide and CEC Criteria. These documents can be downloaded from the OFMA Home Page at http://www.okflood.org. The Charter contains the requirements for initial certification and renewal.

Please complete this application and return with the nonrefundable application fee to:

OFMA
PO Box 8101
Tulsa, OK 74101-8101

This fee includes your initial certification. An additional fee will be required for renewal.

CFM® will be granted upon successful completion of three steps:

1. Approval of completed application;
2. Submittal Fee; and
3. Passing the Certification Exam.

Please remember confidentiality of the exam is required to maintain professionalism in the CFM® Program. Please note the CFM® exam is closed book, proctored and only administered to pre-approved applicants. CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to valid CFMs. ASFPM will process your application and Meazure Learning will email you to schedule your exam date.

In order to facilitate the processing of your application in a timely manner, please remember to include:

_____ $25.00 Application Fee
_____ Headshot photo for identification purposes
_____ Completed Application Form, signed and notarized
_____ Signed Copy of CFM Program Code of Ethics
_____ Signed Acknowledgment & Disclaimer Form
_____ Employment Affidavit Form & Supervisor or Personal Reference
_____ Current Paid Membership to OFMA
_____ Signed Copy of Decertification Acknowledgment Form

OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc.

CERTIFIED FLOODPLAIN MANAGER® PROGRAM

General Information

Applicant's Name: _____
(Last) (First) (Middle) (Maiden)

Name on Certificate, if different from above: _____

Mailing Address:
Work: _____
Street

_____ _____ _____
City State Zip

Home: _____
Street

_____ _____ _____
City State Zip

Telephone:
Work: _____ Fax: _____

Home: _____ Cell: _____

Email Address: _____

Other Associations and Memberships

List Other State or Association Registrations, Certifications or Licenses held by you:

_____

_____

_____

Have you ever been registered as an OFMA Certified Floodplain Manager Program or Other Professional Floodplain Manager Program? Yes ___ No ___

- If YES, please give registration number and name if different from above: _____

List all Professional Associations or Organizations in which you maintain membership:

_____

_____

_____

Experience and References

Current Employment:

Employer Name: _____

Employer Address: _____
Street

_____ _____ _____
City State Zip

Position Title: _____

Date of Employment: From (Month/Year) _____ To: Present

Supervisor Name: _____ Position Title: _____

Phone: _____ Fax: _____

Is Floodplain Management your Primary Responsibility with your employer? Yes ___ No ___

If NO, please describe your Primary Responsibility and indicate what percentage of your time is devoted to Floodplain Management: _____

___ Building Code Enforcement
___ Building Inspection
___ Community Rating System
___ Emergency Management
___ Environmental Management
___ Floodplain Management
___ Hazard Mitigation
___ Health Codes
___ Multi-Objective Management
___ On-Site Septic Systems
___ Planning Review
___ Stormwater Management
___ Subdivision Review
___ Waste & Wastewater Systems
___ Zoning Enforcement
___ Other (Please List): _____

Have you had additional work experience in floodplain management or a related field other than above?

___ Yes ___ No If YES, please complete the following section. If NO, please continue to the next section.

Employer Name: _____ Job Title: _____

Employer Address: _____
Street

_____ _____ _____
City State Zip

Date of Employment: From (Month/Year) _____ To: _____

Briefly Describe Position: _____

_____

_____

Education

Did you graduate from high school or complete a GED? ___ Yes ___ No If YES, please provide the following:

Name of School: _____ Location: _____

Date of Graduation or Completion of GED: _____

Have you completed any additional courses of instruction at a University, College, or Technical School:
___ Yes ___ No If YES, please provide the following:

Name of School: _____ Location: _____

Number of Years of Instruction: _____ Dates of Instruction: _____

Did you Graduate: ___ Yes ___ No If YES, Date of Graduation: _____

Type of Degree: _____ Major: _____ Minor: _____
Are you a Registered, Professional Engineer? ___ Yes ___ No
Are you Registered in Oklahoma? ___ Yes ___ No If NO, what State: _____
Do you have training in Water Resources, Hydrology and Hydraulics? ___ Yes ___ No

Have you completed any Advanced Degree courses of instruction at a University of College?
___ Yes ___ No If YES, please provide the following:

Name of School: _____ Location: _____

Number of Years of Instruction: _____ Dates of Instruction: _____

Did you Obtain an Advanced Degree? ___ Yes ___ No Date: _____

Type of Degree: _____ Major: _____

Training

Have you completed FEMA's "Managing Floodplain Development Through the National Flood Insurance Program" 5-day training course
___ Yes ___ No If YES, please provide the following: Location: _____
**Attach Copy of Certificate Completion Date: _____

Have you ever attended any Conference or Training Seminar offered by the Oklahoma Floodplain Management Association, Inc. for floodplain managers?
___ Yes ___ No If YES, please provide the following: Location: _____
Conference Date: _____

Have you attended any other type of training course, workshop or seminar which you feel is applicable to floodplain management?
___ Yes ___ No If YES, please provide the following: Location: _____

Type of Course/Workshop/Seminar: _____

Completion Date: _____ Conducted By: _____

OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc. CFM® PROGRAM

ACKNOWLEDGMENT & DISCLAIMER

In making an application to the Certified Floodplain Manager Program for professional certification as a floodplain manager, I have read. I agree to abide by the "Certified Floodplain Manager Program" and the rules and procedures as adopted by the Oklahoma Floodplain Management Association, Inc. (OFMA) and the Professional Development Certification Committee (PDCC). I also agree to complete all application requirements, provide the necessary documentation and take all examinations as may be required to process my application. Upon my registration as a Certified Floodplain Manager, I agree to be bound by the conditions of renewal as contained in the CFM® Program. I further understand the fee submitted with this application is nonrefundable and the materials submitted for consideration become the property of OFMA. I am sure of the schedule of fees and understand that additional fees must be paid to keep my certification current. I further agree to keep the exam contents confidential if approved to take the exam.

I agree to hold the Oklahoma Floodplain Managers Association Inc., its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant, the grades concerning any examination, the failure of the Association to register me as a Certified Floodplain Manager and any other aspect of the CFM® Program. I hereby grant permission to OFMA and its PDCC to seek any information or references it deems fit in securing my credentials pertinent to this application.

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

I understand all information provided as part of this application will remain strictly confidential to OFMA unless authorized by me in writing to release the information to a requesting party. If OFMA dissolves or is no longer involved in the CFM® Program, it is my understanding that my records will be destroyed.

Date	Printed Name of Applicant
Signature of Applicant	

CFM® Application

EMPLOYMENT AFFIDAVIT FORM AND SUPERVISOR OR PERSONAL REFERENCE

*If you have no supervisor, a personal reference is required to complete this section.

Applicant Name: _____

Applicant Address: _____
Street

_____ _____ _____
City State Zip

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below.

I, _____ , (Supervisor or Personal Reference) certify I have supervised/employed or have known the above listed applicant and know of my own knowledge said person was employed as follows and his/her regularly assigned duties included floodplain management and other duties pertaining to the National Flood Insurance Program:

Name of Employer or Personal Reference: _____

Supervisor or Personal Reference Job Title: _____ Length of Service: _____

Other means of employment: ___ Self-Employed ___ Independent Contractor

Employer (or Personal Reference) Address: _____
Street

_____ _____ _____
City State Zip

Reference Phone: _____ Reference Fax: _____

Applicant's Length of Employment: From(Month/Day/Year) _____ To: _____

Applicant's Job Title: _____

Briefly describe job responsibilities of applicant. _____

_____

_____

_____

_____

Please check any of the following activities which above applicant participates in or has responsibility for:

___ Building Code Enforcement
___ Building Inspection
___ Community Rating System
___ Emergency Management
___ Environmental Management
___ Floodplain Management
___ Hazard Mitigation
___ Health Codes
___ Multi-Objective Management
___ On-Site Septic Systems
___ Planning Review
___ Stormwater Management
___ Subdivision Review
___ Water & Wastewater Systems
___ Zoning Enforcement

Other (please list): _____

Check type of establishment or office in which work is/was performed:

___ City Government
___ County Government
___ State or Federal Agency
___ Other, specify: _____

Percentage of time applicant works or worked in floodplain management duties: _____

Other Comments or Pertinent Information: _____

SUPERVISOR'S OR PERSONAL REFERENCE'S STATEMENT

On this _____ day of _____ , 20 ___ , in _____ , (City) Oklahoma,

I, _____ , do hereby certify that to the best of my knowledge, the above information and statements made by me about said applicant are true and correct.

_____

Signature of Supervisor or Personal Reference

CERTIFIED FLOODPLAIN MANAGER® PROGRAM CODE OF ETHICS

As an applicant for certification, I hereby pledge to:

- Be honest and trustworthy in all my relationships;
- Be reliable in carrying out assignments and responsibilities;
- Be truthful and accurate in what we say and write;
- Be cooperative and constructive in all work undertaken;
- Be fair and considerate in my treatment of all persons;
- Be law-abiding in all my activities;
- Be committed to improving floodplain management in my community and the state of Oklahoma in a superior way;
- Be economical in utilizing OFMA, State and community resources; and
- Be dedicated in service to my profession and to improvement of the quality of life in the world in which I live.

Date

Printed Name of Applicant

Signature of Applicant

OFMA CERTIFIED FLOODPLAIN MANAGER PROGRAM

DECERTIFICATION ACKNOWEDGEMENT FORM

A copy of this signed document must be submitted with this Certified Floodplain Manager (CFM®) renewal.

A. A CFM® may be decertified for failure to fulfill the requirements specified in PDCC's Charter by the renewal date.

B. A CFM® may be decertified for unprofessional conduct if he/she has:

   1. Been convicted of a crime or any felony directly related to his or her professional duties;
   2. 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;
   3. 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;
   4. 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 the benefit of his or her immediate family or organization with which he or she is associated; or
   5. Violated the Code of Professional Conduct listed in PDCC's Charter.

C. Information on a CFM's unprofessional conduct must be submitted to the PDCC Board in writing. No anonymous submittals will be accepted. If the PDCC 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 thirty (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 an "OFMA Certified Floodplain Manager" or use the ASFPM Registered Trademark CFM® in any way for a time specified in the letter. He/she may reapply to take the CFM® exam after that date.

E. If the CFM® does submit the appropriate papers by the deadline, the procedures in PDCC's Charter shall be followed.

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 _____

Application/Certification

Thanks for applying for registration as a Certified Floodplain Manager (CFM®), and good luck.

I, at this moment, attest to the below-signing notary that I have carefully read the preceding statement, and I fully understand all conditions, code of ethics, rules, and procedures of the Certified Floodplain Manager® Program and do hereby agree to conform to all of the same conditions, rules and procedures.

Date _____ Printed Name of Applicant _____

Signature of Application _____

NOTARY STATEMENT

The State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, 20 _____.

Notary Public in and for _____ County, Oklahoma or _____

Signature of Notary _____ Affix Seal