

# APPLICATION

for the

North Carolina  
**CERTIFIED FLOODPLAIN MANAGER  
PROGRAM**  
(CFM® Program)

Administered by the

**North Carolina Association of Floodplain Managers, Inc.**



**NCAAFPM CFM ADMINISTRATOR**

**ASFPM**

**8301 Excelsior Dr.  
Madison, WI 53717**

**[cfm@floods.org](mailto:cfm@floods.org)**

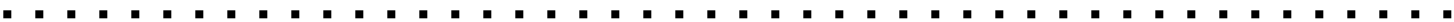
**NORTH CAROLINA ASSOCIATION OF FLOODPLAIN MANAGERS, Inc.**  
**CERTIFIED FLOODPLAIN MANAGER(CFM®) APPLICATION**

CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to individuals certified under the ASFPM Certification Program. For more information on the ASFPM Certification Program, go to [www.floods.org](http://www.floods.org)

This is the application package for registration to the North Carolina Association of Floodplain Managers (NCAFPM) Certified Floodplain Manager Program (CFM® Program), as developed by the ASFPM Certification Board of Regents (CBOR). It includes an application, Disclaimer, and Code of Ethics. ALL APPLICANTS should review the [Getting Certified](#) web pages on floods.org prior to applying and taking the exam. The initial ASFPM CFM® certification will be awarded upon successful completion of the following steps:

1. Submit completed application and fee.
2. Pass the exam by receiving a score of 84 correct answers out of 120 questions (70% or higher).

This application requires basic information regarding the applicant’s identity and demographic information. The application shall be signed by the applicant, acknowledging that the award of certification will be based upon meeting all the minimum qualification requirements and achieving a satisfactory score on the CFM® exam.



Please complete the required forms and return them with your application fee. The exam fee also includes your initial two-year certificate, if certified. At the end of the two-year term, a renewal will be sent to you and renewal fees will be required to maintain your certification along with the required CECs.

Upon receipt, review, and approval of a completed application, you will receive an email with instructions for exam.

A photo I.D. will be required at the time of exam for the purpose of identification. **The name used on the application form must match exactly the name on your photo ID, no exceptions.**

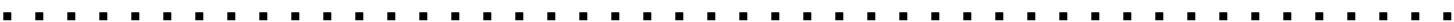
Submittal Checklist:

- Verification of current NCAFPM Membership (to receive exam discount)
- Completed Application Form (pages 3-9)
- Application Fee (see page 5 of this application, fee must be received by ASFPM for exam scheduling to occur)

**Mail all materials, including fee to:**

ASFPM, 8301 Excelsior Dr., Madison, WI 53717

**or send via email to:** [cfmexam@floods.org](mailto:cfmexam@floods.org)



**ADA Compliance-** The Association of State Floodplain Managers, Inc. acknowledges the need and desirability to provide reasonable accommodations to prospective applicants for certification and recertification with a qualified disability. Special arrangements may be made available for applicants for certification at the examination site by submitting a written request to the Association with a letter from licensed physician or health care specialist knowledgeable of the requester’s disability stating the specific needs to be accommodated. An accommodation will be provided to qualified individuals with disabilities to the extent the accommodation does not fundamentally alter the examination, cause disruption to other test takers or cause an undue burden to the Association. The Association may deny special accommodations which include but are not limited to unlimited testing time, modification of the format or content of the examination, paraphrasing or translating the test materials by a reader or interpreter. All requests for accommodations must be sent with this application package to the Association of State Floodplain Managers, Inc., 8301 Excelsior Dr., Madison, WI 53717, and received by the Association not less than thirty (30) days prior to the date of the examination. Late requests for an accommodation may not be honored.

**NCAFPM CERTIFIED FLOODPLAIN MANAGER APPLICATION**

*Mr./Ms. (Circle one)*

*Last Name* \_\_\_\_\_ *First* \_\_\_\_\_ *MI* \_\_\_\_\_

Name to appear on certificate if different from above \_\_\_\_\_

Maiden name, if applicable \_\_\_\_\_

Date of Birth \_\_\_\_\_

Education \_\_\_\_\_  
Degree(s) Major(s) Year(s)

Residence Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Home email \_\_\_\_\_

Employer \_\_\_\_\_

Employer Type: \_\_\_\_\_ Local Government \_\_\_\_\_ State Government \_\_\_\_\_ Regional Government  
\_\_\_\_\_ Federal Government \_\_\_\_\_ Private - Services \_\_\_\_\_ Private - Products  
\_\_\_\_\_ Academia Other \_\_\_\_\_

Job Title \_\_\_\_\_ Years of Floodplain Mgmt. Experience \_\_\_\_\_

Professional Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone: Work ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Is floodplain management your primary responsibility with your employer? YES \_\_\_\_\_

NO \_\_\_\_\_

Describe your primary responsibility and % of time devoted to FPM \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional work experience other than employment listed above:

Employer \_\_\_\_\_ City/State \_\_\_\_\_ Title \_\_\_\_\_ Duration \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NCAFPM CFM® APPLICATION**

Have you completed any of the following training courses?

<i>Yes</i>	<i>No</i>	<i>Course Name</i>
___	___	FEMA’s Managing Floodplain Development through the NFIP (at EMI, Code E-273)
___	___	FEMA’s Managing Floodplain Development through the NFIP (FEMA 480)
___	___	Any other Federal floodplain management training courses
_____		
_____		
___	___	Any State floodplain management training courses
_____		
_____		
___	___	Any related FPM courses:
_____		
_____		

Have you ever been registered by any other Certified Floodplain Manager Program(s)?

NO \_\_\_ YES \_\_\_ Certification # \_\_\_\_\_

Name of program(s) \_\_\_\_\_  
\_\_\_\_\_

Date Issued \_\_\_\_\_

**Name, Location and Date (If known) of Exam in which you are applying:**

\_\_\_\_\_

**PAYMENT METHOD**

Please see following page for Fee Schedule. Check should be made payable to ASFPM

\_\_\_ Check enclosed      \_\_\_ Credit card (VISA, MC, DISC, AMEX)      \_\_\_ Purchase Order

Check or Purchase Order Number \_\_\_\_\_

**PAYMENT AMOUNT TOTAL \$ \_\_\_\_\_**

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CCV # \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Cardholders Zip Code \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**NCAFPM CFM® APPLICATION**

**FEES**

The following fees have been established:

	<u>Fee</u>	<u>Discounted NCAFPM Member Fee* **</u>
Application packet, processing, & exam	\$ 170	\$ 100
Re-take Exam Fee	\$ 50	\$ 50
Biennial Renewal Fee	\$ 120	\$ 50
Late Renewal Fee	\$ 75	\$ 75
Request for Appeal Fee	\$ 80	\$ 80

When an applicant cancels from a scheduled exam, with at least two weeks notice to the ASFPM, they may receive a 50% refund. No refund will be given if the cancellation occurs with less than two weeks notice. An exam may be rescheduled within 1 year.

\* Corporate, Agency, and Chapter Memberships do not make an applicant eligible for the member rate in this certification process. To be eligible for the member exam or renewal rate the applicant needs to be an individual member of NCAFPM at the time of application and throughout the duration of the certification period.

**\*\* You can apply to NCAFPM for membership at the same time this application is submitted to ASFPM.**

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I hereby attest that the information provided is factual and that I have carefully read and 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. I also hereby agree to the fees and payment methods as indicated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**Mail to: ASFPM, 8301 Excelsior Dr., Madison, WI 53717**

# NCAFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

## ACKNOWLEDGMENT & DISCLAIMER

I have read and agree to abide by the foregoing rules and procedures of the North Carolina Association of Certified Floodplain Managers (NCAFPM) Certified Floodplain Manager Program (CFM® Program) as adopted by the NCAFPM Professional Development Committee(PDC). I also agree to complete all application requirements, provide necessary documentation, and take all exams as may be required for the processing of my application. I understand that award of certification will be based upon achieving a satisfactory grade. Upon my award of the Certified Floodplain Manager (CFM®) designation, I agree to be bound by the conditions of renewal as contained in the CFM® Program Charter. I further understand that the fee submitted with this application is 50% refundable if I cancel from taking the exam with at least two weeks notice and that the materials submitted for consideration become the property of NCAFPM. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the NCAFPM, the Association of State Floodplain Managers, 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 exams, the grades with respect to any exam, the failure of the NCAFPM to register me as a CFM® and any other aspect of the CFM® Program. I hereby grant permission to NCAFPM and the NCAFPM PDC to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if registered as a CFM®, upon the revocation, suspension, or cancellation of my certification by action of the NCAFPM, I shall return my Certificate and any other items issued as part of the CFM® Program to the ASFPM Executive Office.

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 failure for me to be registered as a CFM®, or the possible revocation of my certification.

I understand that all information provided as part of this application will remain strictly confidential to NCAFPM unless authorized by me in writing to release the information to a requesting party.

I hereby attest that the information provided is factual and that I have carefully read and fully understand all conditions, code of ethics, rules, and procedures of CFM® Program and do hereby agree to conform to all of the same conditions, rules, and procedures.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# NCAAFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

## CODE OF ETHICS

A copy of this signed document must be submitted with the Certified Floodplain Manager (CFM®) Exam application. **Certified Floodplain Managers will agree to follow the Code of Ethics below.**

**As a CFM, I agree to fully comply with the following tenets of the Code of Ethics in all of my professional responsibilities. I will:**

- Protect the health, safety, property, and welfare of the public in the practice of my profession;
- Establish and maintain a high standard of integrity and practice;
- Practice honesty and integrity in all of my professional relationships with the public, peers, and employer;
- Be truthful and accurate in my professional communications;
- Not express a professional opinion in deposition or before a court, administrative agency, or other public forum which may be contrary to generally accepted scientific and floodplain management principle, without fully disclosing the basis and rationale for such an opinion;
- 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 the profession of floodplain management and to improving the quality of life.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

# NCAFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

## DECERTIFICATION ACKNOWLEDGEMENT FORM

- A. A NCAFPM CFM may be decertified for failure to fulfill the requirements specified in the NCAFPM CFM Charter by the renewal date.
- B. A NCAFPM 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 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 the NCAFPM CFM Charter.
- C. Information on a NCAFPM CFM's unprofessional conduct must be submitted to the NCAFPM Program Administrator in writing. No anonymous submittals will be accepted. If the NCAFPM Program Administrator determines that consideration of decertification may be warranted, the charges and all supporting documentation will be provided to the NCAFPM CFM by certified mail. The NCAFPM CFM shall have 30 days upon receipt thereof to respond in writing to the charges.
- D. If a NCAFPM 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 the he/she may not classify him or herself as an "NCAFPM and/or ASFPM Certified Floodplain Manager" or use the ASFPM Registered Trademark CFM in any way for a period of time specified in the letter. He/she may reapply to take the NCAFPM CFM exam after that date.
- E. If the NCAFPM CFM does submit the appropriate papers by the deadline, the procedures in the NCAFPM CFM Charter shall be followed.

In signing this document, I acknowledge that I have carefully read and fully understand the foregoing decertification policy and procedure.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



**NCAFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM**

**PROFESSIONAL EMPLOYMENT VERIFICATION FORM**

In lieu of this form, a letter of verification incorporating the requested information is acceptable. The supervisor or agency head, listed below **will be notified** of the applicant's successful completion. *Note:* Self-employed persons may use a professional reference other than a supervisor.

\_\_\_\_\_  
*Applicant Name*

\_\_\_\_\_  
*Applicant's Title*

\_\_\_\_\_  
*Employed From/To*

\_\_\_\_\_  
*Employing Organization*

*Mr.*  *Ms.*

\_\_\_\_\_  
*Supervisor or Agency Head Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Supervisor or Agency Head Address*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*Supervisor or Agency Head Phone/Fax*

\_\_\_\_\_  
*Email*

I, \_\_\_\_\_, (Supervisor) certify that I have supervised/employed the above listed applicant. I know of my own knowledge that said person was employed as indicated and that his/her regular responsibilities included floodplain management and other related duties.

Briefly describe job responsibilities of applicant. Please indicate if other than full time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Supervisor or*

*Agency Head Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**Mail to: ASFPM, 8301 Excelsior Dr., Madison, WI 53717**