

# APPLICATION

for the

North Carolina

## CERTIFIED FLOODPLAIN MANAGER PROGRAM (CFM® Program)

# NCAFPM



Administered by:

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

[cfmexam@floods.org](mailto:cfmexam@floods.org)

## NCAFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

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, visit [www.floods.org](http://www.floods.org)

This is the application package for registration to the North Carolina Association of State 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 page at [ncafpm.org](http://ncafpm.org) on 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.

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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 from Measure Learning with your eligibility dates and instructions for scheduling your 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 3-8)
- Application Fee (see page 5 of this application, fee must be received by ASFPM for exam scheduling to occur)

### **Submit all, including fee to:**

ASFPM, 8301 Excelsior Dr., Madison, WI 53717

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

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**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 EXAM APPLICATION**

\_\_\_\_\_ *Mr.*  *Ms.*   
Last Name                      First                      Middle Initial                      (must match name on government ID)

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

Date of Birth: \_\_\_\_\_ Former name, if applicable: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Home email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Type:     Local Government                       State Government                       Federal Government  
                          Academia                       Private                       Other \_\_\_\_\_

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

Work Address: \_\_\_\_\_

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

Phone: work: \_\_\_\_\_ cell: \_\_\_\_\_

Work email: \_\_\_\_\_

Please check all areas of floodplain management in which you are involved:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Coastal Management   | <input type="checkbox"/> Code Enforcement      | <input type="checkbox"/> Community Rating System    |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Engineering           | <input type="checkbox"/> Environmental              |
| <input type="checkbox"/> Hazard Mitigation    | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Planning & Zoning          |
| <input type="checkbox"/> Public Education     | <input type="checkbox"/> Stormwater Management | <input type="checkbox"/> Water & Wastewater Systems |
| <input type="checkbox"/> GIS                  | <input type="checkbox"/> Mapping               | <input type="checkbox"/> Other _____                |

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

Describe your primary responsibility and % of time devoted to Floodplain Mgmt.: \_\_\_\_\_

\_\_\_\_\_

Additional work experience other than employment listed above:

<i>Employer</i>	<i>City/State</i>	<i>Title</i>	<i>Duration</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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*Last Name*

*First*

*MI*

ASFPM has developed some exam prep materials that can be found at [www.floods.org](http://www.floods.org)

I have or intend to review the [Introduction and What to Expect](#) and [CFM Exam Technical References](#) exam preparation materials prior to applying for and sitting for this exam?

Yes  No

For tracking purposes, have you completed any of the following training?

Yes      Course Name

- FEMA's Managing Floodplain Development through the NFIP (FEMA-273) – Classroom or self-study
- FEMA's Managing Floodplain Development through the NFIP (FEMA 480) – Classroom or self-study
- Other Floodplain Management Training

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

\_\_\_\_\_

\_\_\_\_\_

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

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

State(s) \_\_\_\_\_

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

**Exam Details:** Online Exam:  Meazure Learning Exam Facility:

Exam Event (conference/workshop):  Event Location & Date: \_\_\_\_\_

**ADA Accommodation Needed** (please submit all supporting documentation with application - see bottom of page 2)

**PAYMENT METHOD** Please see following page for Fee Schedule

Check enclosed       Credit Card       Purchase Order

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

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

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

Cardholder's name \_\_\_\_\_ Cardholder's Zip Code \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

## NCAFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

### FEES

The following fees have been established:

	<u>Fee</u>	<u>Discounted NCAFPM Member Fee **</u>
Application packet, processing, & exam	\$255	\$ 185
Re-take Exam Fee	\$ 85	\$ 85
Biennial Renewal Fee	\$120	\$ 50
Late Renewal Fee	\$ 75	\$ 75
Request for Appeal Fee	\$ 80	\$ 80

1. Registration is not complete until all fees are received by ASFPM. Payments made by purchase order will be held until actual fees are received. Exam scheduling will not proceed until fees are received.
2. Exam eligibility will expire one year from the date of registration and any unscheduled exam request will be terminated.
3. No refunds will be provided after fees are received and processed by ASFPM.
4. Additional fees may be required by Meazure Learning to cancel or reschedule an exam.

**\*\* You can apply to NCAFPM for membership then submit this application to ASFPM.**

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I agree to the fees and payment methods as indicated above.

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

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

**Submit to: ASFPM, 8301 Excelsior Drive, Madison, WI 53717**

**OR**

[cfmexam@floods.org](mailto:cfmexam@floods.org)

**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 (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 receipt 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 understand there are fees and additional criteria to retain my certification.

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.

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.

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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.

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

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

# NCAFPM 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

It shall be the policy of the NCAFPM to identify situations where a CFM may be decertified, as outlined below:

1. A CFM may be decertified for failure to fulfill the requirements specified in the renewal correspondence.
  - a. A CFM decertified for failure to fulfill the requirements specified in the CFM® Charter and subsequent renewal notification, must wait 12 months from date of decertification before being eligible to retake the CFM® exam.
  - b. If the CFM does submit the appropriate papers by the deadline, the procedures in the NCAFPM Charter shall be followed.
2. A CFM may be decertified for unprofessional conduct if he/she has:
  - a. Been convicted of a crime or any felony directly related to his or her professional duties;
  - b. 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;
  - c. 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;
  - d. 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
  - e. Violated the Code of Ethics.

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 the he/she may not classify him or herself as an "Certified Floodplain Manager" or use the ASFPM Registered Acronym or Certification mark CFM in any way for a period of time specified in the letter. He/she may reapply to take the CFM® exam after that date.

Information on a CFM's unethical behavior must be submitted to the NCAFPM in writing. No anonymous submittals will be accepted. If the President of the NCAFPM determines that consideration of decertification may be warranted, the charges and all supporting documentation will be provided to the CFM by certified mail. The CFM shall have 30 days upon receipt thereof to respond in writing to the charges.

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

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