

APPLICATION

for the

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

Administered by the

North Carolina Association of Floodplain Managers, Inc.

NCAFPM

Mecklenburg County

700 N. Tryon St.

Charlotte, NC 28202-2222

704-336-3734

bill.tingle@mecklenburgcountync.gov



NCAFPM CFM ADMINISTRATOR

ASFPM

575 D'Onofrio Dr., Suite 200

Madison, WI 53719

cfm@floods.org

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

Dear Applicant:

Enclosed is an application package for registration in the North Carolina Association of Floodplain Managers (NCAFPM) Certified Floodplain Manager Program (CFM® Program). It includes an Application, Disclaimer, Code of Professional Conduct, and Employment Verification Form. The initial NCAFPM CFM® certification will be awarded upon successful completion of three steps:

1. submitting completed application and fee
2. submitting an Employment Verification Form
3. receiving a grade of 70% or higher on the certification exam.

The application requires basic information regarding the applicant's identity and one Employment Verification Form. Optional information is requested to help the NCAFPM maintain demographic information and determine the fairness of the exam. 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 an exam to be prepared and scored by ASFPM. The applicant shall further agree to abide by the Code of Professional Conduct.

CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to valid CFMs. The NCAFPM CFM Program is accredited by the Association of State Floodplain Managers, Inc.

Please complete the required forms and return them with your exam fee. This fee includes your initial two-year certificate; additional fees will be required when you apply for renewal in two years. Upon receipt, review, and approval of a completed application, you will be notified of eligibility to take the exam.

Submittal Checklist:

- _____ Completed Application Form (3 pages)
- _____ Acknowledgement and Disclaimer (1 page)
- _____ Signed copy of Code of Professional Conduct (1 page)
- _____ Signed copy of Decertification Acknowledgement Form (1 page)
- _____ Employment Verification Form (1 page)
- _____ Application Fee

Mail all materials, including fee to:

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

Note: A photo I.D. will be required at the time of exam for the purpose of identification.

Important -- Report address and/or employment changes immediately.

Thank you for applying to be a Certified Floodplain Manager.

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	\$ 170	\$ 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 Executive Office, he/she 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.**

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, 575 D'Onofrio Dr, Suite 200, Madison, WI 53719

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 _____

NCAFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

CODE OF PROFESSIONAL CONDUCT

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

Certified Floodplain Managers will agree to follow the Code of Professional Conduct below.

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

- *Practice honesty and integrity in all of my professional relationships with the public, peers, and employer;*
- *Be truthful and accurate in my professional communications;*
- *Be fair and considerate of all persons;*
- *Foster excellence in floodplain management by staying abreast of pertinent issues;*
- *Enhance individual performance by attention to continuing education and technology;*
- *Avoid conflicts of interest resulting in personal gain or advantage;*
- *Be economical in the utilization of the nation's resources through the effective use of funds, accurate assessment of flood-related hazards, and timely decision-making;*
- *Maintain the confidentiality of privileged information;*
- *Promote public awareness and understanding of flood-related hazards, floodplain resources, and flood hazard response; and*
- *Be dedicated to serving 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, 575 D'Onofrio Dr, Suite 200, Madison, WI 53719