

Kentucky Emergency Management Association, Incorporated

P.O. BOX 1293
Frankfort, KY 40602
859-935-5177



www.kyema.org

CREDENTIAL FOR PROFESSIONALISM The Certified Kentucky Emergency Manager Program

APPLICATION PACKET

Section 1: Contact Information

(APPROVED 27 MAY 2014)

Name:	
Position/Title:	
Agency/Organization:	
County:	
Mailing Address:	
City, State, Zip:	
Phone/ E-Mail:	
Supervisor Name/Title:	
Supervisor Phone/Address:	
Supervisor City/State/ZIP:	

Section 2: Payment

☐ Check ☐ Money Order ☐ Credit/Debit Card (Attach receipt)

Note:

1) Copies of documentation must be submitted in support of those items claimed in Sections 3, 4, 5, and 6.

2) Full explanation for each requirement is detailed in the KEMA document: CREDENTIAL FOR PROFESSIONALISM: The Certified Kentucky Emergency Manager Program.

Section 3: KCEM Certification Requirements – *Initial, Recertification and Reciprocity*

<input type="checkbox"/>	Current KEMA Membership
<input type="checkbox"/>	High School Diploma or Equivalent (not required for <i>Recertification</i> or <i>Reciprocity</i>)
<input type="checkbox"/>	Currently occupies an emergency management position within the state of Kentucky
<input type="checkbox"/>	Job Description

☐ Letter from supervisor supporting the candidate and verifying a job description demonstrating the four phases of emergency management

☐ Signed original of the CKEM Code of Professional Conduct Form is included

Proceed to Section 4 for INITIAL, Section 5 for RECERTIFICATION, or Section 6 for RECIPROCITY

Section 4: Initial CKEM Requirements

☐ 4 years of emergency management experience

☐ Exercise: Significant role in the design and development of a disaster exercise

☐ FEMA PDS Certificate

☐ FEMA APS Certificate

☐ 6 contributions to the profession

☐ Accumulation of 150 Points

Minimum Points Claimed must be 150, No more than 50 points from any one category.

Category:	Eligible Points Per Item:	Points Claimed
Experience (beyond 4 years)	5 per year	
Letters of Reference	5 per letter	
FEMA/EMI/DHS/ Consortium Courses	1 per hour	
FEMA IS Courses	2 per IS Course	
Exercise Submission (additional)	20 per	
College Degree	Associate's 10 points Bachelor's 20 points Master's 30 points	

Six contributions to the profession; of which three must have been completed in the State of Kentucky.

Contribution Category:	Description:

STOP – Proceed to Section 7

Section 5: Recertification CKEM Requirements

☐ 4 years of emergency management experience

☐ Exercise: Significant role in the design and development of a disaster exercise

- ☐ 6 contributions to the profession
- ☐ Accumulation of 150 Points

*Points Claimed = 150 Required, No more than 50 points from any one category.
Points must have been earned after last certification date.*

Category:		Points
Letters of Reference	5 per letter	
FEMA/EMI/DHS/ Consortium Courses	1 per hour	
FEMA IS Courses	2 per IS Course	
Exercise Submission (additional)	20 per	
College Degree	Associate's 10 points Bachelor's 20 points Master's 30 points	

Six contributions to the profession; of which three must have been completed in the State of Kentucky.

Contribution Category:	Description:

STOP – Proceed to Section 7

Section 6: Reciprocity CKEM Requirements

- ☐ Attach copy of certificate from issuing agency/organization.
- ☐ Attach a letter requesting reciprocity.

STOP – Proceed to Section 7

Section 7: Application Assembly

- ☐ Application packet and supporting documentation are placed into a 2" or smaller three ring binder
- ☐ Documentation in the "Portrait" format is bound on the left side
- ☐ Documentation in the "Landscape" format is bound on the top
- ☐ Section tabs are used to clearly delineate sections of the packet
- ☐ Applicant name is clearly visible on the front exterior of the binder
- ☐ Fees/receipt are enclosed in the front pocket of the binder

STOP – Mail your application packet according to the guidance above and listed in the guidance document.

For Certification Committee Use Only

Date Received:	
Fee Received:	
Preliminary Check Completed By:	
Date Preliminary Check Completed:	
Certification Board Review Date:	

Certification Committee Review Signatures & Date Reviewed:

Certification Status:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Granted

Denied

Return for Additional Information

Reason for Denial or Other Review Committee Notes:

Date Notification Sent:	
Certification Expiration Date:	