

# EXAM APPLICATION PACKAGE

for the

## ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM (CFM<sup>®</sup> Program)



Administered by the  
ASSOCIATION OF STATE FLOODPLAIN MANAGERS, Inc.





# EXAM APPLICATION PACKAGE

## ASFPM 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, go to our website at [www.floods.org](http://www.floods.org)

This is the application package for registration to the Association of State Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program), as developed by the ASFPM Certification Board of Regents (CBOR). It includes an application, Disclaimer, Code of Ethics, and Employment Verification form. ALL APPLICANTS should review the [CFM Exam Study Guide](#) prior to applying and taking the exam. The initial ASFPM CFM® certification will be awarded upon successful completion of three steps:

1. Submitting completed application, employment verification form and fee.
2. Submitting a completed Employment Verification Form.
3. Receiving a grade of 70% or higher on the certification exam.

This application requires basic information regarding the applicant's identity, Employment Verification Form, 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 an exam to be prepared and scored by ASFPM.

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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 minimal CECs.** Upon receipt, review, and approval of a completed application, you will be notified by email of eligibility to take the exam. A photo I.D. will be required at the time of exam for the purpose of identification.

### Submittal Checklist:

- Verification of current ASFPM Membership (to receive exam discount)
- Completed Application Form (pages 3-9)
- Application Fee (see page 5 of this application)

**Mail all materials, including fee to: ASFPM, 575 D'Onofrio Drive, Suite 200, Madison, WI 53719**

**Important – Report address and/or employment changes immediately.**

***Thank you for applying to be a Certified Floodplain Manager.***

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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 to the Association of State Floodplain Managers, Inc., 575 D'Onofrio Drive, Suite 200, Madison, WI 53719 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.



**CERTIFIED FLOODPLAIN MANAGER EXAM APPLICATION FORM**  
**ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM**



\_\_\_\_\_ Mr.  Ms.   
Last Name First MI

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

Date of Birth: \_\_\_\_\_ Maiden/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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



CERTIFIED FLOODPLAIN MANAGER EXAM APPLICATION FORM - Page 2

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
MI

Required:

I have or intend to review the [CFM Exam Study](#) Guide 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 \_\_\_\_\_

*If you live in a state which has an ASFPM accredited certification program, you must apply to them to them directly.  
(AR, IL, NC, NM, OK, TX)*

**Location and Date (if known) of Exam in which you are applying:**

\_\_\_\_\_

**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 \_\_\_\_\_



**Fee Schedule FY19**  
**ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM**



November 2018

**FEES**

The following fees have been established in compliance with ASFPM Policy: CFM® Fee Schedule:

**Discounted**

	<u>Fee</u>	<u>Member Fee*</u>
Application packet, processing, & exam	\$480	\$100
Re-take Exam Fee	\$50	\$50
Biennial Renewal Fee	\$500	\$120 (\$80 early bird discount)
Late Renewal Fee	\$75	\$75

1. An applicant can become a member of ASFPM at the same time they apply for the exam. Download the one-page membership application at [www.floods.org](http://www.floods.org)
2. \* To be eligible for the discounted member exam or renewal rate the applicant needs to be an individual member or student (full time enrollment) member of ASFPM at the time of application and throughout the duration of the certification period. Corporate, Agency, and Chapter Partners do not make an applicant eligible for the member rate in this certification process.
3. 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.

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

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

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



Code of Ethics  
ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

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 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 \_\_\_\_\_



**Decertification**  
**ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM**

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

**It shall be the policy of the ASFPM 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 Policy: CFM® Renewal by the renewal date.
  - a. A CFM® decertified for failure to fulfill the requirements specified in the Policy: CFM® Renewal, must wait 12 months from date of decertification before being eligible to take the CFM® exam.
  
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 Policy: Code of Ethics.
  - f. Information on a CFM's unethical behavior must be submitted to the ASFPM Executive Office in writing. No anonymous submittals will be accepted. If the President of the CBOR 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.
  
3. 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 "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 CFM® exam after that date.
  
4. If the CFM® does submit the appropriate papers by the deadline, the procedures in the Policy: Appeals – Decertification shall be followed.

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

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



**Acknowledgement & Disclaimer**  
**ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM**

I have read and agree to abide by the foregoing rules and procedures of the Association of State Certified Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program) as adopted by the Certification Board of Regents (CBOR). 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 ASFPM. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the ASFPM 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 ASFPM to register me as a CFM® and any other aspect of the CFM® Program. I hereby grant permission to ASFPM and the CBOR 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 CBOR, 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 ASFPM 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 \_\_\_\_\_





**PROFESSIONAL EMPLOYMENT VERIFICATION FORM**  
**ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM**

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* *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 Drive, Suite 200, Madison, WI 53719