



Illinois Certified Floodplain Manager (CFM[®]) Program

Application for Certification

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Instructions

This is the application for registration in the Illinois Certified Floodplain Manager (CFM®) Program administered by Illinois Association for Floodplain and Stormwater Management (IAFSM). It includes all the papers needed for your application. Other documents you may want to review include the Charter for the Illinois CFM Program which describes the program in more detail and the Continuing Education Credits (CEC) policy. These can be found on the IAFSM website, www.IllinoisFloods.org

Submittal of this application is required before you can be approved to take the certification exam. Upon successfully passing the exam, you will be designated a Certified Floodplain Manager (CFM®).

Submittal Checklist. Your submittal for certification must include the following:

_____ Completed Application Form (7 pages)

_____ Application Fee

The application fee is \$185 for IAFSM members and \$285 for non-members. This fee covers the cost of the exam and your initial two-year certification. A renewal fee will be required every two years to maintain your certification. Upon receipt, review, and approval of a completed exam application, you will be notified of your eligibility to take the exam. A photo I.D. will be required at the time of examination for the purpose of identification.

A complete application must be received and accepted at the ASFPM office, including payment, before receiving approval to schedule your exam.

PAYMENT METHOD

Payment for: *Name:* _____

_____ Check enclosed _____ VISA *or* MasterCard _____ Purchase Order

Check or Purchase Order Number _____

PAYMENT AMOUNT \$ _____

Card # _____ Expiration Date _____ CCV # _____

Signature _____ Cardholders Zip Code _____

IAFSM Membership. You are not required to join IAFSM to become a CFM®. However, the fees are different for members and non-members. It is recommended that you call the IAFSM Executive Office (630-443-8145) to verify that you are a current member before you submit your exam application. An IAFSM Membership Form can be found on the IAFSM website, www.IllinoisFloods.org.

Mail your completed and signed application to CFM Program Administrator:

**ASFPM
8301 Excelsior Drive
Madison, WI 53717**

Or email to: cfmexam@floods.org

Have you completed any of the following training courses?

| <u>Yes</u> | <u>No</u> | <u>Course Name</u> |
|------------|-----------|--|
| ___ | ___ | FEMA’s Managing Floodplain Development through the NFIP-FEMA E273 |
| ___ | ___ | FEMA’s Managing Floodplain Development through the NFIP- FEMA 480 (Home Study) |
| ___ | ___ | Other floodplain management courses _____ |

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

List professional associations and organizations in which you have been a member and any offices you hold or have held.

| <i>Organization</i> | <i>Office</i> | <i>Term</i> |
|---------------------|---------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever been certified by any floodplain manager certification program, including this one?

NO ___ YES ___ Certification # _____ Date Issued _____
Name of program _____

Please indicate which type of exam you wish to take: Choose one

- Online Exam:**
- Measure Learning Exam Facility:**
- Exam Event: (Conference or Workshop)**
Event Location & Date:

ADA Accommodation Needed (please submit all supporting with application)

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.

I hereby attest that the information provided on this application is factual and that I have read and fully understand all the conditions and procedures of the IAFSM CFM® Program. I acknowledge that the award of certification will be based upon meeting all the minimum qualification requirements and achieving a satisfactory score on the CFM certification exam.

Signature of applicant

Date

Acknowledgment and Disclaimer

I have read and agree to abide by the rules and procedures of the Charter for the Illinois Certified Floodplain Manager (CFM) Program. I also agree to complete all application requirements, provide necessary documentation, and take all examinations as may be required for the processing of my application.

Upon my registration as a Certified Floodplain Manager (CFM[®]), I agree to be bound by the conditions of renewal as contained in the IAFSM CFM Program Charter. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of IAFSM. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the Illinois Association for Floodplain and Stormwater Management 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 examination, the grades with respect to any examination, the failure of the Association to register me as a Certified Floodplain Manager, and any other aspect of the IAFSM CFM Program. I hereby grant permission to IAFSM and the Certification Committee to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if designated as a Certified Floodplain Manager (CFM[®]), upon the revocation, suspension, or cancellation of my certification by action of the Certification Committee, I shall return my Certificate and any other items issued as part of the CFM[®] Certification to IAFSM. If the Illinois Certified Floodplain Manager Program would cease to exist, I agree to relinquish my IAFSM Certification and not hold IAFSM, the Association of State Floodplain Managers or any other organization or agency responsible for such program termination.

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 my failure to be registered as a Certified Floodplain Manager, or the possible revocation of my certification.

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 Illinois Certified Floodplain Manager Program and do hereby agree to conform to all of the same conditions, code, rules, and procedures.

Signature of applicant

Date

Printed name of applicant

Code of Ethics

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

Signature of applicant

Date

Printed name of applicant

Decertification Acknowledgment Form

Section 8.6 of the Illinois Certified Floodplain Manager Program Charter:

8.6 Decertification:

- a. A CFM may be decertified for failure to fulfill the requirements specified in Section 8.3 by the renewal date.
- b. A CFM may be decertified for unprofessional or unethical behavior if he/she has:
 - Been convicted of a crime directly related to his or her professional duties;
 - 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;
 - 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;
 - 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
 - Violated the Code of Ethics.
- c. Information on a CFM’s unprofessional or unethical behavior must be submitted to IAFSM in writing. No anonymous submittals will be accepted. If the Chair of the Certification Committee 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.
- d. If a CFM has not fulfilled the renewal requirements by the renewal date or has not responded to the charges of unprofessional or unethical behavior by the specified deadline, he or she will be sent a registered letter of decertification, stating that he/she may not classify him or herself as a “Certified Floodplain Manager” or use the CFM Registered Trademark in any way for a period of time specified in the letter. He/she may reapply to take the CFM exam after that date.

In signing this document, I acknowledge that I have carefully read and fully understand the foregoing decertification policy and procedure, and I voluntarily accept its application to my continued standing as a Certified Floodplain Manager.

Signature of applicant:

Date:

Printed name of applicant: