

# APPLICATION PACKET

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

Administered by the  
OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc.



# OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, INC. CERTIFIED FLOODPLAIN MANAGER (CFM®) APPLICATION



Dear Applicant:

Enclosed is an application packet for registration as a Certified Floodplain Manager (CFM®) through the Oklahoma Floodplain Managers Association's Inc. Certified Floodplain Manager Program, as developed by the Professional Development Certification Committee. It is advisable to obtain a copy of the Program Charter, Study Guide and CEC Criteria. These documents can be downloaded from the OFMA Home Page at <http://www.okflood.org>. The Charter contains the requirements for initial certification and renewal.

Please complete this application and return with the nonrefundable application fee to:

OFMA  
PO Box 8101  
Tulsa, OK 74101-8101

This fee includes your initial certification. An additional fee will be required for renewal.

CFM® will be granted upon successful completion of three steps:

1. Approval of completed application;
2. Submittal Fee; and
3. Passing the Certification Exam.

Upon receipt, review and approval of a completed application, you will be notified of eligibility to take the exam and the exam date and location. Please remember confidentiality of the exam is required to maintain professionalism in the CFM® Program. Please note the CFM® exam is closed book, proctored and only administered to pre-approved applicants. CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to valid CFMs.

In order to facilitate the processing of your application in a timely manner, please remember to include:

- \_\_\_\_\_ \$50.00 Application Fee and \$50.00 OFMA Membership Fee
- \_\_\_\_\_ Completed Application Form, signed and notarized
- \_\_\_\_\_ Signed Copy of Code of Professional Conduct
- \_\_\_\_\_ Signed Acknowledgement & Disclaimer Form
- \_\_\_\_\_ Employment Affidavit Form & Supervisor or Personal Reference
- \_\_\_\_\_ Verification of Current Member OFMA
- \_\_\_\_\_ Signed Copy of Decertification Acknowledgement Form
- \_\_\_\_\_ Photo Attached

**OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc.**

**CERTIFIED FLOODPLAIN MANAGER® PROGRAM**

**General Information**

Applicant's Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Name on Certificate, if different from above: \_\_\_\_\_

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

Street  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_

Home: \_\_\_\_\_  
Street

City State Zip  
\_\_\_\_\_

Telephone:  
Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Other Associations and Memberships**

List Other State or Association Registrations, Certifications or Licenses held by you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been registered as an OFMA Certified Floodplain Manager Program  
or Other Professional Floodplain Manager Program? Yes \_\_\_ No \_\_\_

- If YES, please give registration number and name if different from above: \_\_\_\_\_

List all Professional Associations or Organizations in which you maintain membership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience and References**

Current Employment:

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

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

Street

\_\_\_\_\_  
City State Zip

Position Title: \_\_\_\_\_

Date of Employment: From (Month/Year) \_\_\_\_\_ To: Present

Supervisor Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Is Floodplain Management your Primary Responsibility with your employer? Yes \_\_\_ No \_\_\_

If NO, please describe your Primary Responsibility and indicate what percentage of your time is devoted to Floodplain Management: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Building Code Enforcement | <input type="checkbox"/> Multi-Objective Management | <input type="checkbox"/> Other (Please List): |
| <input type="checkbox"/> Building Inspection       | <input type="checkbox"/> On-Site Septic Systems     | _____   |
| <input type="checkbox"/> Community Rating System   | <input type="checkbox"/> Planning Review            | _____   |
| <input type="checkbox"/> Emergency Management      | <input type="checkbox"/> Stormwater Management      | _____   |
| <input type="checkbox"/> Environmental Management  | <input type="checkbox"/> Subdivision Review         | _____   |
| <input type="checkbox"/> Floodplain Management     | <input type="checkbox"/> Waste & Wastewater Systems | _____   |
| <input type="checkbox"/> Hazard Mitigation         | <input type="checkbox"/> Zoning Enforcement         | _____   |
| <input type="checkbox"/> Health Codes              | _____   | _____   |

Have you had additional work experience in floodplain management or a related field other than above?  
\_\_\_ Yes \_\_\_ No If YES, please complete the following section. If NO, please continue to the next section.

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Street

\_\_\_\_\_  
City State Zip

Date of Employment: From (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_

Briefly Describe Position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education**

Did you graduate from high school or complete a GED?  Yes  No If YES, please provide the following:

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Graduation or Completion of GED: \_\_\_\_\_

Have you completed any additional courses of instruction at a University, College, or Technical School:

Yes  No If YES, please provide the following:

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Number of Years of Instruction: \_\_\_\_\_ Dates of Instruction: \_\_\_\_\_

Did you Graduate:  Yes  No If YES, Date of Graduation: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you a Registered, Professional Engineer?  Yes  No

Are you Registered in Oklahoma?  Yes  No If NO, what State: \_\_\_\_\_

Do you have training in Water Resources, Hydrology and Hydraulics?  Yes  No

Have you completed any Advanced Degree courses of instruction at a University of College?

Yes  No If YES, please provide the following:

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Number of Years of Instruction: \_\_\_\_\_ Dates of Instruction: \_\_\_\_\_

Did you Obtain an Advanced Degree?  Yes  No Date: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Major: \_\_\_\_\_

**Training**

Have you completed FEMA's "Managing Floodplain Development Through the National Flood Insurance Program" 5-day training course

Yes  No If YES, please provide the following: Location: \_\_\_\_\_

\*\*Attach Copy of Certificate Completion Date: \_\_\_\_\_

Have you ever attended any Conference or Training Seminar offered by the Oklahoma Floodplain Management Association, Inc. for floodplain managers?

Yes  No If YES, please provide the following: Location: \_\_\_\_\_

Conference Date: \_\_\_\_\_

Have you attended any other type of training course, workshop or seminar which you feel is applicable to floodplain management?

Yes  No If YES, please provide the following: Location: \_\_\_\_\_

Type of Course/Workshop/Seminar: \_\_\_\_\_

Completion Date: \_\_\_\_\_ Conducted By: \_\_\_\_\_

# OKLAHOMA FLOODPLAIN MANAGERS ASSOCIATION, Inc. CFM® PROGRAM

## ACKNOWLEDGMENT & DISCLAIMER

In making application to the Certified Floodplain Manager Program for professional certification as a floodplain manager, I have read and agree to abide by the "Certified Floodplain Manager Program" and the rules and procedures as adopted by the Oklahoma Floodplain Management Association, Inc. (OFMA) and the Professional Development Certification Committee (PDCC). 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, I agree to be bound by the conditions of renewal as contained in the CFM® Program. I further understand the fee submitted with this application is nonrefundable and the materials submitted for consideration become the property of OFMA. I am sure of the schedule of fees and understand that additional fees must be paid to keep my certification current. I further agree to keep the exam contents confidential if approved to take exam.

I agree to hold the Oklahoma Floodplain Managers Association Inc., its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant, 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 CFM® Program. I hereby grant permission to OFMA and its PDCC 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 providing false information of any kind may result in revoking this application, failing to be registered as a Certified Floodplain Manager or the revocation of my certification.

I understand all information provided as part of this application will remain strictly confidential to OFMA unless authorized by me in writing to release the information to a requesting party. In the event that OFMA dissolves or is no longer involved in the CFM® Program, it is my understanding that my records will be destroyed.

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Date

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Printed Name of Applicant

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Signature of Applicant

**CFM® Application**

**EMPLOYMENT AFFIDAVIT FORM AND SUPERVISOR OR PERSONAL REFERENCE**

\*If you have no supervisor, a personal reference is required to complete this section.

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Street

City

State

Zip

The person certifying to his/her knowledge of the experience of the individual above shall complete the information below.

I, \_\_\_\_\_, (Supervisor or Personal Reference) certify I have supervised/employed or have known the above listed applicant and know of my own knowledge said person was employed as follows and his/her regularly assigned duties included floodplain management and other duties pertaining to the National Flood Insurance Program:

Name of Employer or Personal Reference: \_\_\_\_\_

Supervisor or Personal Reference Job Title: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Other means of employment:  Self-Employed  Independent Contractor

Employer (or Personal Reference) Address: \_\_\_\_\_  
Street

City

State

Zip

Reference Phone: \_\_\_\_\_ Reference Fax: \_\_\_\_\_

Applicant's Length of Employment: From(Month/Day/Year) \_\_\_\_\_ To: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_

Briefly describe job responsibilities of applicant. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following activities which above applicant participates in or has responsibility for:

- |  |   |                      |
|--|---|----------------------|
| <input type="checkbox"/> Building Code Enforcement | <input type="checkbox"/> Multi-Objective Management | Other (please list): |
| <input type="checkbox"/> Building Inspection       | <input type="checkbox"/> On-Site Septic Systems     | _____                |
| <input type="checkbox"/> Community Rating System   | <input type="checkbox"/> Planning Review            | _____                |
| <input type="checkbox"/> Emergency Management      | <input type="checkbox"/> Stormwater Management      | _____                |
| <input type="checkbox"/> Environmental Management  | <input type="checkbox"/> Subdivision Review         | _____                |
| <input type="checkbox"/> Floodplain Management     | <input type="checkbox"/> Water & Wastewater Systems | _____                |
| <input type="checkbox"/> Hazard Mitigation         | <input type="checkbox"/> Zoning Enforcement         | _____                |
| <input type="checkbox"/> Health Codes              |   | _____                |

Check type of establishment or office in which work is/was performed:

- |  |  |
|--|--|
| <input type="checkbox"/> City Government   | <input type="checkbox"/> State or Federal Agency |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Other, specify: _____   |

Percentage of time applicant works or worked in floodplain management duties: \_\_\_\_\_

Other Comments or Pertinent Information: \_\_\_\_\_

**SUPERVISOR'S OR PERSONAL REFERENCE'S STATEMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_, (City)  
Oklahoma,

I, \_\_\_\_\_, do hereby certify that to the best of my knowledge, the above information and statements made by me about said applicant are true and correct.

\_\_\_\_\_  
Signature of Supervisor or Personal Reference



## CERTIFIED FLOODPLAIN MANAGER® PROGRAM CODE OF ETHICS

As an applicant for certification, I hereby pledge to:

- Be honest and trustworthy in all my relationships;
- Be reliable in carrying out assignments and responsibilities;
- Be truthful and accurate in what we say and write;
- Be cooperative and constructive in all work undertaken;
- Be fair and considerate in my treatment of all persons;
- Be law-abiding in all my activities;
- Be committed to improving floodplain management in my community and the state of Oklahoma in a superior way;
- Be economical in utilizing OFMA, State and community resources; and
- Be dedicated in service to my profession and to improvement of the quality of life in the world in which I live.

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Date

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Printed Name of Applicant

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Signature of Applicant

# OFMA CERTIFIED FLOODPLAIN MANAGER PROGRAM

## DECERTIFICATION ACKNOWLEDGEMENT FORM

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

- A. A CFM® may be decertified for failure to fulfill the requirements specified in PDCC's Charter by the renewal date.
- B. A 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 PDCC's Charter.
- C. Information on a CFM's unprofessional conduct must be submitted to the PDCC Board in writing. No anonymous submittals will be accepted. If the PDCC 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 thirty (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 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 "OFMA 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.
- E. If the CFM® does submit the appropriate papers by the deadline, the procedures in PDCC's Charter shall be followed.

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.

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Signature of Applicant

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Date

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Printed Name of Applicant

**Application/Certification**

Thanks for applying for registration as a Certified Floodplain Manager (CFM®), and good luck.

I hereby attest to the below signing notary, that I have carefully read the foregoing statement and I fully understand all conditions, code of professional conduct, rules and procedures of the Certified Floodplain Manager® Program and do hereby agree to conform to all of the same conditions, rules and procedures.

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Applicant

\_\_\_\_\_

Signature of Application

**NOTARY STATEMENT**

The State of \_\_\_\_\_

County of \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me first duly sworn on oath, acknowledged that he/she executed the same for the purposes and consideration therein expressed and that the foregoing statements are true and correct.

GIVEN under my hand and seal of office, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public in and for \_\_\_\_\_ County, Oklahoma or \_\_\_\_\_

\_\_\_\_\_

Signature of Notary

Affix Seal



**ASFPM DIGITAL CFM® EXAM**  
**Accredited Chapter Candidate Application**  
**ASFPM Certified Floodplain Manager (CFM®) Program**



Mr.      Ms.

Last Name      First      Middle Initial      (must match name on government issued ID)

Email:      Date of Birth:

Daytime Phone:      Employer:

Home Address:

Initial Exam:      Retake:      Type/location of exam:      Scantron Testing Facility      Online

**Accredited Chapter Representative**

**Exam Applicant**

Signed:

Signed:

Printed Name:

Printed Name:

**NATIONAL EXAM FEE..... \$ 85**

Credit Card

Check enclosed

Purchase Order

Check or PO number:

**PAYMENT AMOUNT TOTAL: \$**

Card #:

Exp date:

CCV:

Cardholder's Name:

Cardholder's Zipcode:

Signature:

1. Registration is not complete until all fees are received by ASFPM. Exam applications with purchase order will not be finalized until actual fees are received. Upon receipt of all exam fees, ASFPM will allow the candidate to proceed with exam scheduling.
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 processed and received by ASFPM.
4. Additional fees may be required by Scantron to cancel or reschedule an exam.

**Mail to:** ASFPM, 8301 Excelsior Dr., Madison, WI 53717

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

Phone: 608-828-3000 Fax: 608-828-6319