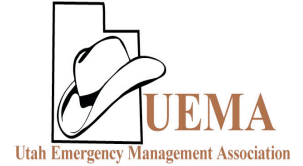




Application for Certification

Please read the Application Guidelines before completing this form



Utah Emergency Management Professional Certification Program



**Initial Application for those with a Current Associate Emergency Manager (AEM)
from the International Association of Emergency Managers (IAEM)**

Updated May 29, 2015
Mail completed application to:

Utah Division of Emergency Management
Attn: Professional Certification Committee
1110 State Office Building, Salt Lake City, UT 84114

Disclaimer: The Utah Division of Emergency Management (Utah DEM) and the Utah Emergency Management Association (UEMA) are not establishing standards governing the conduct of any emergency managers, nor are they establishing any set procedures for work performance. The certification program is designated to establish educational, training, and experience criteria relevant to emergency management in the state of Utah and to certify that an individual has met the identified criteria.



Application for Certification

Please read the Application Guidelines before completing this form



Applicant Information

Name:

Current Position/Title:

Organization:

Preferred Contact Address:

City:

State:

Zip:

Preferred Contact Phone Number:

Preferred Contact Email:

I understand that certification is subject to the approval of the Utah Emergency Management Professional Certification Review Committee, and if granted, is current until my Associate Emergency Manager (AEM) designation from the International Association of Emergency Managers (IAEM) expires. I acknowledge that I will be required to apply for reconsideration of the Utah Associate Emergency Manager designation with each renewal I successfully complete for IAEM's AEM. I will provide the necessary documents and supply further information as requested by the committee. I understand that any false statement or misrepresentation I make in the course of these proceedings may result in the revocation of this application or subsequent certification. I give permission for verification of any information contained in this package.

I received my Associate Emergency Manager (AEM) designation from the International Association of Emergency Managers (IAEM) on: _____.

My AEM designation is currently scheduled to expire on: _____.

I have included a copy of my AEM certificate and a check for \$75 to cover application fees:
 Yes No

Signed: _____ Date: _____