

# MCDEMA - MCEM Application for Certification

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

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

Applicant Agency and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Application Submitted is for Level(s) EM-1 \_\_\_ EM-2 \_\_\_ EM-3 \_\_\_ MCEM \_\_\_

Fees paid by: PO# \_\_\_\_\_ (copy attached) Business Check: \_\_\_ Personal Check: \_\_\_  
*(Fees must be included with submission of MCEM Application)*

Applications must be submitted for review two months prior to the annual Conference or the Mid-Winter Conference for certificates and/or plaque distribution. Applications should be mailed to:

MCDEMA Certification Program  
Attn. Kristen Campanella  
106 W Main St, Suite 2  
Starkville, MS 39759

*To the best of my knowledge and recollection, the attached documentation is true and accurate*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

.....  
**FOR OFFICIAL USE ONLY:**

Application has been reviewed and processed by the following Committee Members:

\_\_\_\_\_  
Eddie Ivy, Co-Chairperson  
Clarke County EMA

\_\_\_\_\_  
Kristen Campanella, Co-Chairperson  
Oktibbeha County EMA/E911

\_\_\_\_\_  
Clifford Galey  
Lincoln County Civil Defense

\_\_\_\_\_  
Trebria Rodgers  
Grenada Civil Defense

\_\_\_\_\_  
Tony Norwood  
Lawrence County

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Received \_\_\_\_\_ Application Approved for Level \_\_\_\_\_ Date Awarded \_\_\_\_\_  
Application was not approved because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monies mailed to Secretary/Treasurer \_\_\_\_\_  
Name added to list for certificate and/or plaque \_\_\_\_\_

# Mississippi Civil Defense Emergency Management Association



**MISSISSIPPI CERTIFIED EMERGENCY MANAGER**

**MCEM**

**CRITERIA AND APPLICATION FOR THE MCDEMA  
"CERTIFIED EMERGENCY MANAGER"**

Approved and Implemented by the MCDEMA Board of Directors on October 15, 1997  
Revised 5/17

*"A PROGRAM TO PROMOTE EMERGENCY MANAGEMENT PROFESSIONALISM."*

**MISSISSIPPI CIVIL DEFENSE/EMERGENCY MANAGEMENT ASSOCIATION**  
**"MCDEMA"**  
**CERTIFICATION PROGRAM**

**POLICES**

1. **PURPOSE**

The basic purposes of the certification program are to provide additional incentive for professional improvement in Emergency Management, to assure recognition for those who attain certain specific standards, and to lead toward development of a full professional status in the field of Emergency Management. Certification also honorably recognizes those members who have demonstrated their abilities through years of service to their state, counties, communities and Association.

It is not the purpose of the certification program to determine who shall or shall not engage in the Emergency Management certification program. It is recognized that some who are successfully engaged in Civil Defense and Emergency Management programs may not wish to apply for certification, but it is hoped that they will encourage others active in the field to apply or those entering the Emergency Management field to strive for certification.

The primary purpose serves to encourage personal improvement, recognize achievement and promote our State Association.

2. **DESIGNATION AND USE**

Each completed phase of the Certified Emergency Manager Program (EM1-EM2-EM3) will render an appropriate certificate-designating recipient of that phase "certified".

Persons completing the final phase of the Certified Emergency Managers program shall each receive an appropriate plaque designating them as "Mississippi Certified Emergency Manager." The designation "MCEM" may be used following the EM professional's name on correspondence, letterheads, business cards and other printed matter where it may appear so long as the EM professional has Association membership in good standing. **Loss of privilege shall occur when membership dues are not paid by June 1 of each year as stated in our Bylaws (Article XI Section IV).**

However, any reference by a certified Emergency Manager to their certification and any use of it shall indicate that such certification is an individual attainment. A certified Emergency Manager shall not, in any way, imply that lack of certification indicates a lack of professional competence.

3. **QUALIFICATIONS & REQUIREMENTS OF APPLICANT**

- A. WORK HISTORY- Must be employed either full, part time or on a volunteer basis in the Civil Defense\Emergency Management field.
- B. MEMBERSHIP - Must hold active (full) membership in the Mississippi Civil Defense\Emergency Management Association (MCDEMA).
- C. MCDEMA ACTIVITIES - Must support MCDEMA activities in all areas to promote Emergency Management as a professional field.
- D. TRAINING - Must present verification of attendance i.e..... certificate of completion, class roster, training transcript or other proof of training courses. Some courses may count as other training, but must be related to Emergency Management. (*contact the chairperson to verify course credit*)
- E. SUPPORTING MATERIAL - Must present dates, and names of conferences, committees, awards, exercise participation and/or meetings selected for credit.

4. **CERTIFICATION APPLICATION**

Applicants may contact the MCDEMA Certification Panel for the necessary forms and instructions. After the applicant is satisfied he\she can meet the minimum requirements (in any phase), he\she shall then return the application to the MCDEMA Certification Panel with a check to cover the initial fee in the amount of \$50.00 each for the first three (3) phases and \$100.00 for the final phases (MCEM). Once the application is returned to MCDEMA it shall become the property thereof and will not be returned to the applicant. Any material misrepresented with the application will void same. Application fee shall be returned should certification be denied for any reason.

5. **CERTIFICATION PHASES**

There will be four phases of certification:

- A. EMERGENCY MANAGER I (EM-I)
- B. EMERGENCY MANAGER II (EM-II)
- C. EMERGENCY MANAGER III (EM-III)
- D. EMERGENCY MANAGER IV (MCEM)

6. **ADMINISTRATION OF CERTIFICATION**

Certification shall be operated by MCDEMA through its Board of Directors. As a means of pinpointing the responsibility, the MCDEMA Board shall create a Certification Panel consisting of four members to serve terms not to exceed four years each. The

Association President, subject to approval by the Board of Directors, shall appoint panel members.

The Certification Panel shall develop its own internal operating procedures, subject to approval of the Board of Directors. The Panel shall report, at least annually, recommendations for updating of the program with all changes, if any, to be handled by the MCDEMA Board of Directors and Certification Panel.

7. **CERTIFICATION PROCESSING**

The Certification Panel will be responsible for checking application forms to assure that all information is complete and that there is evidence of participation and experience to meet basic criteria and minimum point standards established by the Board of Directors.

THE CERTIFICATION PANEL WILL AFTER REVIEW OF APPLICATIONS SUBMIT RESULTS OF THAT REVIEW TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL IN AWARDING REQUESTED LEVEL OF CERTIFICATION.

8. **RIGHT OF APPEAL**

Should an applicant not be approved for certification, it shall be the responsibility of the Panel to provide an explanation of the categories in which additional points are necessary to meet certification requirements. Should an applicant desire to appeal the Panel's findings, this may be done by filing said appeal, in writing, with the Association's Board of Directors. Such appeal must state specifically what parts of the program's policies and criteria have been overlooked or misapplied in the evaluation of his\her application.

9. **CONFIDENTIAL INFORMATION**

All information submitted with the application form shall be kept confidential. The fact of the application shall be considered confidential except to those directly concerned. Only the fact of approval for certification shall be publicly announced.

The MCDEMA Association, Certification Panel and the MCDEMA Board shall exercise all due care to avoid any possible embarrassment to the applicant in connection with his\her efforts to become certified.

10. **CONDITIONS GOVERNING CERTIFICATION DESIGNATION**

A. Once an applicant has been certified said designation shall remain with them permanently unless revoked by the MCDEMA Board of Directors. \*\*Anyone who has successfully completed the International Association of Emergency

Management (IAEM) CEM program is eligible for certification as a MCEM with Board of Directors approval.

- B. The Certification Panel will maintain an "Active Certification" list, which will be updated annually. An "Active" status shall remain with the Certified Emergency Manager as long as that person is employed in the Emergency Management field, and has full active membership in MCDEMA. Special consideration may be given for exceptions to the foregoing based on majority approval of the Board of Directors.

11. **APPLICATION PROCEDURE**

- Step 1 Read the rules and regulations for the certification program.
- Step 2 Complete the MCDEMA MCEM Application for Certification
- Step 3 Complete the MCDEMA Certification Worksheet for which you are applying
- Step 4 Attach verification of course completion as listed on the MCDEMA Certification Worksheet (i.e. transcripts, certificate, or other verifying documents)
- Step 5 - Include a Purchase Order, Business Check, or Personal Check made payable to MCDEMA in the following amounts:

EM-I Application	\$50.00
EM-II Application	\$50.00
EM-III Application	\$50.00
MCEM Application	\$100.00
TOTAL COST	\$250.00
- Step 6 - Mail Application for Certification, MCDEMA Certification Worksheet, and supporting documentation to:
  - MCDEMA Certification Program
  - Attn. Kristen Campanella
  - 106 W Main St, Suite 2
  - Starkville, MS 39759

## MCDEMA Certification Worksheet EM-I

*This Application may be submitted at the beginning of your second year.*

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

Course Code	Course	Class Hours	CEU's	Date Completed (Certificate Attached)	Committee Verification
<b>REQUIRED</b>					
	Two (2) years active service in Emergency Management (career/volunteer) Letter of verification required from local EMA Director	N/A			
	Two (2) years (active) MCDEMA Membership	N/A			
	Summary of your participation in Disaster Exercise	N/A			
	Summary describing your involvement in Emergency Management	N/A			
	MCDEMA Emergency Manager Orientation Offered at Annual/Mid Winter Conference	N/A			
	Attendance at MEMA/MCDEMA Annual or Midwinter Conference	N/A			
MEMA	MEMA Damage Assessment Training	4	.4		
MEMA	MEMA Disaster 101	4	.4		
MEMA	MEMA WEBEOC Workshop	2	.2		
IS-100.b	Introduction to Incident Command System	3	.3		
IS-120.a	An Introduction to Exercises	5	.5		
IS-200.b	ICS for Single Resources and Initial Action Incidents	3	.3		
IS-230.d	Principles of Emergency Management	6	.6		
IS-235.c	Emergency Planning	5	.5		
IS-240.b	Leadership and Influence	3	.3		
IS-241.b	Decision Making & Problem Solving	2	.2		
IS-242.b	Effective Communication	8	.8		
IS-244.b	Developing and Managing Volunteers	4	.4		
IS-700.a	NIMS: An Introduction	3	.3		
IS-800.b	National Response Framework (NRF) – An Introduction	3	.3		
<b>CHOICE OF 6 FOR COMPLETION OF EM-I</b>					
IS-3	Radiological Emergency Management	10	1		
IS-5.a	An Introduction to Hazardous Materials	10	1		
IS-8.a	Building for the Earthquakes of Tomorrow: Complying with Executive Order 12699	10	1		
IS-288.a	The Role of Voluntary Organizations in Emergency Management	10	1		
MEMA	ICS 300 Intermediate ICS for Expanding Incidents	16	1.6		
IS-393.a	Introduction to Hazard Mitigation	10	1		
MEMA	ICS 400 Advanced ICS for Complex Incidents	16	1.6		
IS-632.a	Introduction to Debris Operations	2	.2		
MEMA	G 775 EOC Management and Operations	4	.4		
MEMA/ MCDEMA	IMT Position Specific Training	Varies			
	Other:				

I, \_\_\_\_\_, EMA Director, \_\_\_\_\_ County do hereby certify this applicant has completed the requirements for MCDEMA Certification adopted by MCDEMA on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_, Director's Signature

## MCDEMA Certification Worksheet EM-II

*This Application may be submitted at the beginning of your third year.*

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

Course Code	Course	Class Hours	CEU's	Date Completed (Certificate Attached)	Committee Verification
<b>REQUIRED</b>					
	Three (3) years active service in Emergency Management (career/volunteer) Letter of verification required from local EMA Director.				
	Three (3) years (active) MCDEMA Membership				
	EM-I Certification				
	Attendance at MEMA/MCDEMA Annual or Midwinter Conference				
	Summary of your participation in Disaster Exercise				
	Summary describing your involvement in Emergency Management				
IS-634	Introduction to FEMA's Public Assistance Program	4	.4		
KL146	Homeland Security Exercise and Evaluation Program (HSEEP) (WEBINAR)	16	1.6		
MEMA	ICS 300 Intermediate ICS for Expanding Incidents	16	1.6		
MEMA	ICS 400 Advanced ICS for Complex Incidents	16	1.6		
IS-546.a	Continuity of Operations Awareness Course	1	.1		
IS-547.a	Intro to Continuity of Operations	2	.2		
IS-393.a	Intro to Hazard Mitigation	10	1		
MEMA	MEMA Public Assistance	4	.4		
MEMA	Emergency Management Law	4	.4		
IS-130	Exercise Evaluation and Improvement Planning	5	.5		
MEMA	G 202 Debris Management Planning	16	1.6		
<b>CHOICE OF 6 FOR COMPLETION OF EM-II</b>					
MEMA	E 550 Continuity of Operations Planning (COOP) Awareness	24	2.4		
IS-301	Radiological Emergency Response	10	1		
IS-331	Introduction to Radiological Emergency Preparedness (REP) Exercise Evaluation	10	1		
IS-632.a	Introduction to Debris Operations	2	.2		
MEMA	G 775 EOC Management and Operations	8	.8		
MEMA	G 288 Local Volunteer & Donations Management	4	.4		
MEMA	G 290 Basic Public Information Officer	16	1.6		
MEMA/ MCDEMA	IMT Position Specific Training	Varies			
	Serves on a Committee or Board that is Emergency Management related				
	Serves or has served in another county or jurisdiction as an exercise evaluator, controller or other role that promoted cross county mutual aid				
	Other:				

I, \_\_\_\_\_, EMA Director, \_\_\_\_\_ County do hereby certify this applicant has completed the requirements for MCDEMA Certification adopted by MCDEMA on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_, Director's Signature



# MCDEMA Certification Worksheet

## EM-III

*This Application may be submitted at the beginning of your fourth year.*

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

<i>Course Code</i>	<i>Course</i>	<i>Class Hours</i>	<i>CEU's</i>	<i>Date Completed (Certificate Attached)</i>	<i>Certification Panel Verification</i>
<b>REQUIRED</b>					
	Four (4) years active service in Emergency Management (career/volunteer) Letter of verification required from local EMA Director				
	Four (4) years Active MCDEMA Membership				
	EM-II Certification				
	Attendance at MEMA/MCDEMA Annual or Midwinter Conference				
IS-632.a	Introduction to Debris Operations	2	.2		
MEMA	G 775 EOC Management and Operations	8	.8		
MEMA	G 288 Local Volunteer & Donations Management	4	.4		
MEMA	G 290 Basic Public Information Officer	16	1.6		
MEMA/ MCDEMA	IMT Position Specific Training	Varies			
<b>CHOICE OF 6 FOR COMPLETION OF EM-III</b>					
IS-10.a	Animals in Disaster: Awareness & Preparedness	4	.4		
IS-11	Animals in Disaster: Community Planning	4	.4		
IS-111.a	Livestock in Disasters	4	.4		
MEMA	G 191 ICS/EOC Interface Workshop	8	.8		
MEMA	Stafford Act	4	.4		
MCDEMA	Active Shooter	4	.4		
MCDEMA	Large Animal Rescue	4	.4		
MCDEMA	Strategic National Stockpile Awareness and Preparedness	4	.4		
Specialized	Technical Rescue	24	2.4		
IS-660	Introduction to Public-Private Partnerships	2	.2		
IS-702.a	NIMS Public Information System	3	.3		
	Serves or has served in another county or jurisdiction as an exercise evaluator, controller or other role that promoted cross county mutual aid				
	Other:				

I, \_\_\_\_\_, EMA Director, \_\_\_\_\_ County do hereby certify this applicant has completed the requirements for MCDEMA Certification adopted by MCDEMA on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_, Director's Signature

# MCDEMA Certification Worksheet

## MCEM

*This Application may be submitted at the beginning of your fifth year.*

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

<i>Course Code</i>	<i>Course</i>	<i>Class Hours</i>	<i>CEU's</i>	<i>Date Completed (Certificate Attached)</i>	<i>Certification Panel Verification</i>
<b>REQUIRED</b>					
	Five (5) years active service in Emergency Management (career/volunteer) Letter of verification required from local EMA Director.				
	Five (5) years Active MCDEMA Membership				
	EM-III Certification				
	Attendance at MEMA/MCDEMA Annual or Midwinter Conference				
	Summary of your participation in Disaster Exercise				
	Summary describing your involvement in Emergency Management				
IS 703.a	NIMS Resource Management	3.5	.3		
MEMA	G 291 Joint Information Center	8	.8		
MEMA/ MCDEMA	IMT Position Specific Training	Varies			
<b>CHOICE OF 6 FOR COMPLETION OF MCEM</b>					
MEMA	Continuity of Government (Per Availability)				
	Serves or has served on the MCDEMA Board of Directors				
	Serves or has served on a MCDEMA committee as member or chairperson				
	Serves or has served on a state or national level board or committee that is Emergency Management related				
	Serves or has served in another county or jurisdiction as an exercise evaluator, controller or other role that promoted cross county mutual aid				
	Participates in State Wide Search and Rescue Program				
	Contacted Federal, State, or Local Legislative Representatives concerning Emergency Management issues and has received a response				
	Attended a Regional and/or National conference or seminar that promotes Emergency Management				
	Is a member of the International Association of Emergency Management (IAEM)				
	Received a special award or recognition in Emergency Management				
	Other:				

I, \_\_\_\_\_, EMA Director, \_\_\_\_\_ County do hereby certify this applicant has completed the requirements for MCDEMA Certification adopted by MCDEMA on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_, Director's Signature

## Other Approved Professional Development

The following is a list of “other” approved classes, but is not limited. Please contact Kristen Campanella at [kcamp@gtpdd.com](mailto:kcamp@gtpdd.com) to request approval for a class not listed below.

- CPR, First Aid, AED
- First Responder
- Basic EMT
- Basic Paramedic
- Firefighter Certification
- Law Enforcement Certification
- GIS Certification
- Rope Rescue
- Confined Space
- Structural Collapse
- Dive Rescue
- Swift Water Rescue
- Overland Search and Rescue
- Man Tracking
- Amateur Radio
- Land Navigation
- K9 Search and Rescue
- Social Media
- Information Technology Systems
- Shelter Operations and Management
- Food Safety
- Post Disaster Recovery Issues

## Approved IMT Specific Classes

Course	Hours	CEU's
Command and General Staff Functions	40	4.0
Incident Command	16	1.6
Liaison Officer	32	3.2
Safety Officer	40	4.0
Information Officer	32	3.2
Ops Section Chief	24	2.4
Div/Group Supervisor	32	3.2
Planning Section Chief	40	4.0
Situation Unit Leader	32	3.2
Resource Unit Leader	40	4.0
Logistics Section Chief	24	2.4
Communications Unit Leader	32	3.2
Supply Unit Leader	40	4.0
Facilities Unit Leader	24	2.4
Finance/Admin Section Chief	24	2.4
Finance/Admin Unit Leader	24	2.4
Air Operations Group Supervisor	24	2.4
Intro to Air Ops Course	16	1.6