

# Illinois Professional Emergency Manager Standards & Accreditation Program Application

# **RENEWAL USE ONLY**

Revised 1/27/2022

|   |                              | Applica        | int Info                         | rmation            |    |  |
|---|------------------------------|----------------|----------------------------------|--------------------|----|--|
| Name:   |                              |                | Age                              | ency/Organization  | :  |  |
|   |                              |                |                                  |                    |    |  |
| Address:  |                              |                | E-ma                             | ail:               |    |  |
|   |                              |                |                                  |                    |    |  |
| City:   | State: Zij                   | p Code:        | Work Pho                         | one:               | Ye | ears in Emergency Management Field:  |
|   |                              |                |                                  |                    |    |  |
| Use the checklist below to ensure a  EOP Development and Review*  *These hours can be counted toward the required 72 hours. | ☐ <b>G/K</b> ** Clas earlier | k has been coi | ist have a control of these hour | completion date no |    | cates have been submitted to IEMA.  72 hours of training or conferences***  ***This includes IEMA, FEMA or IESMA sponsored events. |
|   |                              | Exercise       | Requi                            | rements            |    |  |
| Event Name:   |                              |                |                                  | Date:              | 1  | Location:  |
|   |                              |                |                                  |                    |    |  |
| Select Position:  |                              |                |                                  | Event Type:        |    |  |

Please click below to view the specific narrative, documentation and verification letter requirements for each position. As you complete this part of the IPEM application, remember that the narrative, documentation and verification letter are three separate elements. If you are a member of the Inject Writing / MSEL Team, you cannot be a participant of the exercise.

#### Exercise/Real World/Pre-Planned Event Narrative

The narrative is specific to each of the six positions. It should include a detailed description of your activities based on your position. Although you will be asked for specific information, you need to pay special attention to two items. These include providing enough information to allow the IPEM Application Review Committee to have a thorough understanding of your involvement and identifying the lessons learned that you will take forward. When completed, this narrative should provide a baseline that not only documents where you stand today, but also help identify how you can improved your capacity to be a more productive member when developing, controlling and evaluating future exercises or managing future real world/pre-planned events. There is no minimum length. The narrative should be a double-spaced, single-sided Word document that is to be included with your IPEM application.

## <u>Exercise/Real World/Pre-Planned Event Documentation</u>

The listed documents are specific to each of the six positions. Attach as many of the documents as possible. Identify in your narrative if any of the documents are not available, why they are not available and if you are attaching any other documentation in their place.

#### **Verification Letter**

A letter verifying the applicant's position in the exercise or real world/pre-planned event.

## **Professional Contributions Requirement**

Renewal applicants must complete only three of the 19 listed contributions. Please check the three contributions being submitted.

Professional Membership Professional Development Officer/Leadership Role Teaching/Instructing
Publication Award/Special Recognition Mitigation Activity Special Assignment
Speaking Engagements Training Disaster Experience Mentoring (internal)

Mentoring (external) Shadowing Higher Education Degree Audiovisual/Interactive Product

Development of a Real World or Pre- Development of a Pre-Event Related Plan/ Other Contribution

Planned Event Related Plan/Annex Annex

## Reference Letter and Experience Requirements

Submit a letter validating the documented role and number of years in the role.

Acceptable sources of the letter include: current or past supervisor (within the required number of years), Emergency Management Officials (Municipal, County, State or Federal) and Chief Elected Official in your jurisdiction. Applicant may petition the IPEM Application Review Committee for roles not listed below.

Please check the box that represents the applicant's level of experience.

Three years Emergency Management Role at the Municipal, County, State or Federal level (full, part-time or volunteer). At least one year must be Illinois based.

Two years Emergency Management Role, with a Bachelor's Degree in Emergency Management or Homeland Security, at the Municipal, County, State or Federal level (full, part-time or volunteer). At least one year must be Illinois based.

Five years Public Safety Role in Law Enforcement, Fire, EMS, Public Health, Military, National Weather Service, Human Services, Non-Governmental Organization. At least one year must be Illinois based.

Five years Private Sector Role in Risk Management, Safety, Emergency Management Preparedness Specialist, Security/Emergency Response Specialist, Security Coordinator, Access Control Coordinator. At least one year must be Illinois based.

Completed applications shall be submitted to the IEMA director, post marked no later than July 15th, for consideration of accreditation for that particular year. The current IPEM Application Review Committee meeting schedule is listed under the "Review Committee Meeting Dates" link. To ensure that there is adequate time for the committee to review your application, please submit your application as early as possible.

| I agree with the information included in this form. | Mail Completed Applications to:         |
|---|---|
|   | IEMA Director                           |
|   | 2200 South Dirksen Parkway              |
|   | Springfield, IL 62703-4528              |
| Signature of Applicant                              | Attn: IPEM Application Review Committee |