Registration for
EMAP AMO/AT
Atlanta- CDC July 9-10, 2012

Please enroll me in **Emergency Management Accreditation Program (EMAP) Accreditation Manager Orientation (AMO) and Assessor Training (AT)** to be held in Atlanta, Georgia July 9-10, 2012. Specific location and suggested accommodations will be provided to registered participants.

___I understand that the training program is open to any Emergency Manager looking to prepare their program for the EMAP assessment and accreditation process, and wishing to learn more about the EMAP process and benefits of being an EMAP assessor. Each training day will run from 8:00 a.m. to 5:00 p.m. Participation in both days is encouraged. I understand my program is responsible for my travel costs for the training.

___ Please enroll me in Emergency Management Accreditation Program (EMAP) training program to be held in Atlanta. I have read the EMAP assessor qualifications and am eligible to serve as an EMAP assessor.

Name and Title _____

Employer Agency _____

Your Address_____

_____

City _____ State_____Zip _____

Phone _____Fax_____

years with current agency _____E-mail_____

Previous state/local government emergency management role(s) *(be specific; include dates)*:_____

_____

_____

I acknowledge that I meet the following qualifications to be an EMAP assessor ***(check each)***:

- ☐ Have five years of experience in an emergency management position in a government organization
- ☐ Have experience in at least one actual emergency operation requiring implementation of operational response procedures;
- ☐ Have participated in at least one emergency operation, training or exercise event in the last calendar year;
- ☐ Am knowledgeable and up-to-date about the principles of comprehensive emergency management;
- ☐ Have no conflict of interest as regards any aspect of EMAP that might prevent objective review and assessment of candidate programs. I am able and willing to serve as a neutral observer;
- ☐ I will be able to travel for one week a year to serve on an on-site assessment.

Other EM work and qualifications: _____

_____

I, _____ *(assessor's name)* commit to serving as a member of the EMAP Assessor cadre and servicing on at least *(check one)*

____ 1,
____ 2, or
____ 3

EMAP on-site assessment(s) during the next year.

I acknowledge that each on-site assessment will last between four and nine days, including travel, and that I will not be compensated by EMAP for time. I understand that my travel expenses will be reimbursed according to EMAP travel policies. I also acknowledge that I have read and will abide by the provisions of the EMAP Assessor Code of Conduct.

Signature of Assessor _____

Signature of supervisor/director _____

Name of supervisor/director _____

Date_____

Please rank the following in order of your strength in expertise and experience:
(1 being the area of your greatest expertise, 16 the least)

____ Program Management
____ Administration and Finance
____ Laws and Authorities
____ Hazard Identification and Risk Assessment
____ Hazard Mitigation
____ Prevention
____ Operational Planning
____ Incident Management
____ Resource Management and Logistics
____ Mutual Aid
____ Communications and Warning
____ Operations and Procedures
____ Facilities
____ Training
____ Exercises, Evaluations and Corrective Actions
____ Crisis Communication, Public Education and Information

Return completed form to:

Emergency Management Accreditation Program (EMAP)
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fax: 859/244-8239
emap@csg.org