

New York Emergency Management Accreditation Program

Assessor Application Form

Assessments depend greatly on the credibility, independence, and objectivity of the Assessors. Additionally, those conducting the assessments need to adhere to a high degree of professionalism and attest to their observations and recommendations.

The New York Emergency Management Accreditation Program (Program) uses a cadre of Assessors to conduct the on-site review associated with the Program.

The Accreditation Council will make the final decision on the selection of which individuals will serve as Assessors. Emergency management professionals in New York State are encouraged to apply but an application does not guarantee selection. Efforts will be made to select the most qualified candidates based on the pool of applicants, but the Accreditation Council will have the final say and ultimate discretion in this regard.

CONTACT INFORMATION

Name:	
Emergency Management Office/ Agency:	
Email:	
Phone Number:	

Check all that apply and provide details, if warranted:

1.) Do you have at least seven years of emergency management experience, preferably at the State or local level?	Yes	No
2.) Do you have experience in at least one (1) actual emergency operation in which the emergency plan was implemented and had participated in an activated emergency operations center?	Yes	No
3.) Do you have experience with at least one (1) Federally Declared Disaster?	Yes	No

4.) Have you participated in at least one (1) multi-operational period emergency operation or full-scale exercise event in the last calendar year?	Yes	No
5.) Do you have some degree of experience in all phases of emergency management (preparedness, response, recovery, mitigation)?	Yes	No
6.) Will you be available for at least one (1) assessment each calendar year?	Yes	No
7.) Please provide two (2) references regarding your qualifications from an emergency management director or equivalent.		
Reference #1		
Name:		
Emergency Management Office/ Agency:		
Email:		
Phone Number:		
Reference #2		
Name:		
Emergency Management Office/ Agency:		
Email:		
Phone Number:		
SUPPLEMENTAL MATERIALS		
<p><i>Applicants are required to provide a personal resume of applicable emergency management experience. If a resume is submitted, it will be reviewed by the Accreditation Council as part of their evaluation.</i></p> <p>Have you attached a personal resume with this application?</p>	Yes	No

ATTESTATION STATEMENT

I, _____ do not have any conflict of interest as regards to any aspects of the Program that might prevent objective review and assessment of applicant programs. I agree that if selected as an assessor, I will complete the Assessor Training Course so that I may serve as an assessor for the accreditation program.

Name: _____

Date: _____

SHADED AREA ACCREDITATION COUNCIL USE ONLY

Final determination of applicant:

Approved

Not Approved

Additional Comments:

Has this individual completed the Assessor Training Course?

Yes

No