

New York Emergency Management Accreditation Program Application Form

Name of Emergency Management Office:					
Jurisdiction (select one):	<i>County</i>	<i>City</i>	<i>Town</i>	<i>Village</i>	<i>Other</i>

CONTACT INFORMATION FOR ACCREDITATION LEAD/POC

Name:	
Email	
Phone Number	

ATTESTATION AND SIGNATURES

We have read the New York Emergency Management Accreditation Program Guidance & Standards document and understand what the accreditation process entails. We are committed to providing all requested documentation necessary to demonstrate compliance with the accreditation standards and to fully cooperating with the assessor team during the on-site assessment.

We understand that the New York Emergency Management Accreditation Program is a voluntary program and that accreditation is not in any manner intended to serve as a warranty, affirmation, or guarantee of the quality of performance of or procedures utilized by accredited emergency management offices in their line of work. The Program is intended only to establish a baseline level of proficiency in meeting the defined emergency management standards related to preparing for, responding to, recovering from, or mitigating emergency situations.

Name of Emergency Manager: _____

Signature of Emergency Manager: _____

Date: _____

Name of Emergency Manager Supervisor: _____

Signature of Emergency Manager Supervisor: _____

Date: _____

SHADED AREA DHSES USE ONLY

Reviewer: _____

Date Reviewed: _____