

# APPLICATION PACKAGE

For the

TEXAS CERTIFIED FLOODPLAIN  
MANAGER PROGRAM (CFM®)



Administered by the  
**Texas Floodplain  
Management Association  
(TFMA)**

**TEXAS FLOODPLAIN MANAGEMENT ASSOCIATION**  
**CERTIFIED FLOODPLAIN MANAGER EXAM APPLICATION**

Dear Applicant:

Attached is an application packet for registration as a Certified Floodplain Manager through the Texas Floodplain Management Association's ***Certified Floodplain Manager Program***. Please complete all necessary forms, the initial TFMA CFM® certification will be awarded upon successful completion of four steps:

1. Approval of exam application and fee,
2. Verification of applicant credentials,
3. Proof of current membership with TFMA,
4. Passing exam with a grade of 70% or higher.

**In order to facilitate the processing of your application in a timely manner, please remember to include:**

\_\_\_ \$150.00 Application Fee.

\_\_\_ Complete the Application Form

\_\_\_ General Information Section

\_\_\_ Experience Section

\_\_\_ Education Section

(High school education or GED a minimum)

(Must document highest level of education)

\_\_\_ Acknowledgment & Disclaimer Form;

\_\_\_ Code of Ethics

\_\_\_ Supervisor Employment Affidavit Form

\_\_\_ Current Member of Texas Floodplain Management Association (\$50)

\_\_\_ CFM Stamp Procedures and Policy

**Report address changes and employment changes immediately on the TFMA website at [www.tfma.org](http://www.tfma.org).**

Thank you for registering to be a **Certified Floodplain Manager (CFM)** and good luck!

**Mail Application to: Texas Floodplain Management Association**

**2006 S. Bagdad Road, Ste. 120 Leander, Texas 78641**

**Application can be emailed to: [sespinoza@tfma.org](mailto:sespinoza@tfma.org)**

**TEXAS FLOODPLAIN MANAGEMENT ASSOCIATION**

**CERTIFIED FLOODPLAIN MANAGER (CFM®) FEES**

The following fees have been established by TFMA:

Application Packet & Exam	\$150
Annual Membership	\$ 50
Annual CFM® Renewal	\$ 50
Late Fee	\$ 50 (if not renewed by January 15)
Retake Exam	\$ 50 (mandatory 1 month wait to retake)
Request for Appeal	\$ 100

**APPROVAL OF FORMS AND FEES MUST BE PAID PRIOR TO TAKING THE EXAM**

**Approval Prior to Exam:** All necessary documentation and all fees must be submitted to the TFMA Executive Office two weeks prior to taking the CFM® exam. If application and fees are not submitted and approved prior to the exam, you will not be able to take the exam on the scheduled date.

**No Show for Exam:** If you submit all the necessary documentation and fees prior to the exam, but do not show to take the exam, fees will not be refunded unless the TFMA Executive Office is notified in advance, or you have a legitimate excuse as evaluated by the TFMA Executive Office.

**Exam Preparation:** The *Exam Preparation Guide for the Certified Floodplain Manager Program* is a list of references which may be useful in studying and preparing for the exam. The Exam Preparation Guide and other study materials can be found at <https://www.tfma.org/page/floodplain-managers-certification>.



List other State or association registrations, certifications or licenses held by you:

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**Have you previously been registered as a Certified Floodplain Manager either through TFMA or ASFPM or another State Certification Program?**

YES \_\_\_ NO \_\_\_ If YES, Please give registration number and name if different from above:

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Certifying Organization/State: \_\_\_\_\_

**List all Professional Associations that you maintain membership with:**

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**Have you ever held any elected office in any of the above listed associations?**

YES \_\_\_ NO \_\_\_ If YES, please list office held, name of association and term of office:

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**EDUCATION**

**Education**

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Degree(s)                      Major(s)    Year(s)

Check the highest education:

GED                      High School                      Tech & Vocational                      Some College  
Bachelor's    Masters    PhD

Do you have training in water resources, hydrology and hydraulics?      YES                      NO

**EXPERIENCE**

**Current Employment**

Employer name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Employment: From (Month/Year) \_\_\_\_\_ To : Present

Name of Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

**Employer Type:**

Local Government

Regional Government

Private-Services

Academia

State Government

Federal Government

Private - Products

Other:

Have you ever been involved in any special floodplain management or mitigation project which resulted in a reduction in flood hazard within your community?    YES    NO

If YES, please describe project, date and location:

\_\_\_\_\_  
\_\_\_\_\_

Is Floodplain Management your primary responsibility with your employer?    YES    NO

If YES, describe your primary responsibility and % of time devoted to Floodplain Management.

\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS WORK EXPERIENCE**

**NOTE: If you have additional work experience to document, please photocopy this page prior to completing, and attach as many copies of this section as needed to cover your complete work history as it pertains to floodplain management.**

Have you had additional work experience other than the employment listed above? YES NO

If YES, please complete the following section. If NO, please continue to the next section of the application.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Briefly Describe Job: \_\_\_\_\_

Date of Employment: From (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Supervisor's Telephone: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Briefly Describe Job: \_\_\_\_\_

Date of Employment: From (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Supervisor's Telephone: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Briefly Describe Job: \_\_\_\_\_

Date of Employment: From (Month/Year) \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Immediate Supervisor's Name: \_\_\_\_\_

Supervisor's Telephone: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

**TEXAS FLOODPLAIN MANAGEMENT ASSOCIATION**  
**CERTIFIED FLOODPLAIN MANAGER EXAM APPLICATION**

**ACKNOWLEDGMENT & DISCLAIMER**

In making application to the Certified Floodplain Manager Program for professional certification as a floodplain manager, I have read and agree to abide by the "Certified Floodplain Manager Program" and the rules and procedures as adopted by the Texas Floodplain Management Association and its Certification Committee. I also agree to complete all application requirements, provide necessary documentation and take all examinations as may be required for the processing of my application. Upon my registration as a Certified Floodplain Manager, I agree to be bound by the conditions of recertification as contained in the CFM Program. I further understand that the fee submitted with this application is nonrefundable and that the materials submitted for consideration become the property of TFMA and are non-returnable. I am sure of the schedule of fees and understand that additional fees must be paid to keep my certification current. I also recognize that I must meet the continuing education requirements, keep my membership in TFMA current, and complete recertification documentation to renew and keep my certification active.

The certification program established by TFMA is approved by the Association of State Floodplain Managers, Inc. (ASFPM) and is accredited as a viable state certification program. I agree to hold the Texas Floodplain Management Association and the Association of State Floodplain Managers, Inc., its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the attendant examination, the grades with respect to any examination, the failure of the Association(s) to register me as a Certified Floodplain Manager and any other aspect of the CFM Program. I hereby grant permission to the Texas Floodplain Management Association and its Training/Credentialing Committee to seek any information or references it deems fit in securing my credentials pertinent to this application. The same permission is granted to ASFPM.

I further agree that if registered as a Certified Floodplain Manager, upon the revocation, suspension or cancellation of my certification by action of the TFMA or ASFPM, I shall return my Certificate, and any other items issued as part of the CFM Program to Texas Floodplain Management Association or to Association of State Floodplain Managers if so directed.

**The information, which I have provided in this application, is truthful. I understand that providing false information of any kind may result in the voiding of this application, and my failing to be registered as a Certified Floodplain Manager or the revocation of my certification.** I also understand that all information provided as part of this application will remain strictly confidential unless authorized by me in writing to release the information to a requesting party. In the event that TFMA dissolves or is no longer involved in the CFM Program, it is my understanding that my records will be transferred to ASFPM, Inc. unless the CFM Program is continued by another state organization or state agency and I give my permission for the transfer of my records to such organization or agency.

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*Signature*

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*Date*



**TEXAS FLOODPLAIN MANAGEMENT ASSOCIATION**  
**CERTIFIED FLOODPLAIN MANAGER EXAM APPLICATION**



**CODE OF ETHICS**

***As a CFM®, I agree to fully comply with the following tenets of the Code of Ethics in all of my professional responsibilities. I will:***

- \* Protect the health, safety, property, and welfare of the public in the practice of my profession;
- \* Establish and maintain a high standard of integrity and practice;
- \* Practice honesty and integrity in all of my professional relationships with the public, peers, and employer;
- \* Be truthful and accurate in my professional communications;
- \* Not express a professional opinion in deposition or before a court, administrative agency, or other public forum which may be contrary to generally accepted scientific and floodplain management principle, without fully disclosing the basis and rationale for such an opinion;
- \* Foster excellence in floodplain management by staying abreast of pertinent issues;
- \* Enhance individual performance by attention to continuing education and technology;
- \* Avoid conflicts of interest resulting in personal gain or advantage;
- \* Be economical in the utilization of the nation's resources through the effective use of funds, accurate assessment of flood-related hazards, and timely decision-making;
- \* Maintain the confidentiality of privileged information;
- \* Promote public awareness and understanding of flood-related hazards, floodplain resources, and flood hazard response; and
- \* Be dedicated to serving the profession of floodplain management and to improving the quality of life.

***And I also agree to the best of my ability to:***

- \* Stand tall and proud as a Certified Floodplain Manager, and through my dedication, actions and integrity, I will strive to be worthy of such an honored distinction and will promote the virtues of professional certification in all of my future contacts with my peers and my public.

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

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



## **CERTIFIED FLOODPLAIN MANAGER PROGRAM DECERTIFICATION ACKNOWLEDGEMENT FORM**



A copy of this signed document must be submitted with the Certified Floodplain Manager (CFM®) application.

A. A CFM may be decertified for failure to fulfill the requirements specified in TFMA's Charter by the renewal date.

B. A CFM may be decertified for unprofessional conduct if he/she has:

- (1) Been convicted of a crime or any felony directly related to his or her professional duties;
- (2) Falsified, intentionally destroyed, or modified official records or documents relating to his or her professional duties, or otherwise knowingly provided misleading information related to his or her duties or floodplain management;
- (3) Received or solicited money or anything of value directly or indirectly that may be expected to influence his or her actions or judgment in a manner outside of commonly acceptable practices or values;
- (4) Used his or her position in an illegal, dishonest, or unprofessional way to influence or gain a financial or other benefit, advantage or privilege for his or her benefit or for benefit of his or her immediate family or organization with which he or she is associated; or
- (5) Violated the Code of Ethics listed in TFMA's Charter.

C. Information on a CFM's unprofessional conduct must be submitted to the TFMA Executive Office in writing. No anonymous submittals will be accepted. If the President of TFMA determines that consideration of decertification may be warranted, the charges and all supporting documentation will be provided to the CFM by certified mail. **The CFM shall have 30 days upon receipt thereof to respond in writing to the charges.**

D. If a CFM has not fulfilled the renewal requirements by the renewal date or has not responded to the charges of unprofessional conduct by the specified deadline, the CFM will be decertified, and thereafter may not claim to be a "Certified Floodplain Manager" or use the ASFPM Registered Trademark CFM. The CFM will be required to complete a new application package, pay the initial application fee, and take the CFM exam again in order to regain certification.

E. If the CFM does submit the appropriate papers by the deadline, the procedures in TFMA's Charter shall be followed.

In signing this document, I acknowledge that I have carefully read and fully understand the foregoing decertification policy and procedure, and I voluntarily accept its application to my continued standing as a Certified Floodplain Manager.

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

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



## CFM STAMP PROCEDURES AND POLICY



Upon completion and successfully passing the CFM Exam, a CFM is eligible to obtain a CFM stamp. It is not a requirement for a CFM to purchase this stamp. TFMA has the following policy for obtaining and maintaining the CFM Stamp:

### CFM® Stamp Usage Guidelines

- I. The CFM stamp shall only be used in the following situations:
  - a. to document a floodplain action within an individual area of expertise such as the issuance or denial of a floodplain development permit,
  - b. a FEMA Elevation Certification Section G, or
  - c. correspondence, plans, or reports that document a floodplain management action.
- II. The certification holder's stamp signature and certification number may be placed on the document provided the CFM prepared or directed and controlled the preparation of the written materials.
- III. The CFM stamp may not be used in any unprofessional, derogatory, or frivolous manner which discredits the individual, ASFPM, or an Accredited State.
- IV. No person may use or place a stamp on a document if the certification of the CFM has expired, been suspended, or has been revoked.
- V. The affixing or imprinting of the CFM stamp on a document shall not infer or imply that ASFPM or the Accredited State approves or endorses the floodplain management action. ASFPM and the Accredited States shall not be liable for any direct, indirect, consequential, special, or other damages resulting from any stamped floodplain management action.

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*Signature*

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*Date*



**CERTIFIED FLOODPLAIN MANAGER**  
**PROFESSIONAL EMPLOYMENT VERIFICATION FORM**



In lieu of this form, a letter of verification incorporating the requested information is acceptable. The supervisor or agency head listed below will be notified of the applicant's successful completion. Note: Self-employed persons may use a professional reference other than a supervisor.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant's Title

\_\_\_\_\_  
Employed From/To

\_\_\_\_\_  
Employing Organization

Mr. Ms. \_\_\_\_\_ Supervisor or Agency Head Name \_\_\_\_\_

Title \_\_\_\_\_ Supervisor or Agency Head Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Supervisor or Agency Head Phone/Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

I, \_\_\_\_\_, (Supervisor) certify that I have supervised/employed the above listed applicant. I know of my own knowledge that said person was employed as indicated and that his/her regular responsibilities included floodplain management and other related duties.

Briefly describe job responsibilities of applicant. Please indicate if other than full time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor or  
Agency Head Signature \_\_\_\_\_ Date \_\_\_\_\_