EXAM APPLICATION

for the

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

(CFM® Program)

Administered by the
ASSOCIATION OF STATE FLOODPLAIN MANAGERS, Inc.

EXAM APPLICATION PACKAGE

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to individuals certified under the ASFPM Certification Program. For more information on the ASFPM Certification Program, go to our website at www.floods.org

This is the application package for registration to the Association of State Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program), as developed by the ASFPM Certification Board of Regents (CBOR). It includes an application, Disclaimer, and Code of Ethics. ALL APPLICANTS should review the Getting Certified web pages on floods.org prior to applying and taking the exam. The initial ASFPM CFM® certification will be awarded upon successful completion of the following steps:

1. Submit completed application and fee.
2. Pass the exam by receiving a score of 84 correct answers out of 120 questions (70% or higher).

This application requires basic information regarding the applicant's identity and demographic information. The application shall be signed by the applicant, acknowledging that the award of certification will be based upon meeting all the minimum qualification requirements and achieving a satisfactory score on an the CFM® exam.

Please complete the required forms and return them with your application fee. The exam fee also includes your initial two-year certificate, if certified. At the end of the two-year term, a renewal will be sent to you and renewal fees will be required to maintain your certification along with the required CECs. Upon receipt, review, and approval of a completed application, you will be receive an email from Meazure Learning with your eligibility dates and instructions for scheduling your exam.

A photo I.D. will be required at the time of exam for the purpose of identification. **The name used on the application form must match exactly the name on your photo ID, no exceptions.**

Submittal Checklist:

- ☐ Verification of current ASFPM Membership (to receive exam discount)
- ☐ Completed Application Form (pages 3-8)
- ☐ Application Fee (see page 5 of this application, fee must be received by ASFPM for exam scheduling to occur)

Mail all materials, including fee to: ASFPM, 8301 Excelsior Dr., Madison, WI 53717

or send via email to: cfmexam@floods.org

ADA Compliance- The Association of State Floodplain Managers, Inc. acknowledges the need and desirability to provide reasonable accommodations to prospective applicants for certification and recertification with a qualified disability. Special arrangements may be made available for applicants for certification at the examination site by submitting a written request to the Association with a letter from licensed physician or health care specialist knowledgeable of the requester's disability stating the specific needs to be accommodated. An accommodation will be provided to qualified individuals with disabilities to the extent the accommodation does not fundamentally alter the examination, cause disruption to other test takers or cause an undue burden to the Association. The Association may deny special accommodations which include but are not limited to unlimited testing time, modification of the format or content of the examination, paraphrasing or translating the test materials by a reader or interpreter. All requests for accommodations must be sent with this application package to the Association of State Floodplain Managers, Inc., 8301 Excelsior Dr., Madison, WI 53717. and received by the Association not less than thirty (30) days prior to the date of the examination. Late requests for an accommodation may not be honored.

CERTIFIED FLOODPLAIN MANAGER EXAM APPLICATION FORM

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

_____ *Mr.* ☐ *Ms.* ☐

Last Name First Middle Initial **(must match name on government ID)**

Name to appear on certificate if different from above: _____

Date of Birth: _____ Former name, if applicable: _____

Education _____

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

Home Address: _____

City/State/Zip: _____

Home phone: _____ Home email: _____

Employer: _____

Employer Type: ☐ Local Government ☐ State Government ☐ Federal Government
☐ Academia ☐ Private ☐ Other _____

Job Title: _____ Years of Floodplain Mgmt. Experience: _____

Work Address: _____

City/State/Zip: _____

Phone: work: _____ cell: _____

Work email: _____

Please check all areas of floodplain management in which you are involved:

☐ Coastal Management ☐ Code Enforcement ☐ Community Rating System
☐ Emergency Management ☐ Engineering ☐ Environmental
☐ Hazard Mitigation ☐ Insurance ☐ Planning & Zoning
☐ Public Education ☐ Stormwater Management ☐ Water & Wastewater Systems
☐ GIS ☐ Mapping ☐ Other _____

Is floodplain management your primary responsibility with your employer? YES ☐ NO ☐

Describe your primary responsibility and % of time devoted to Floodplain Mgmt.: _____

_____

_____

Additional work experience other than employment listed above:

Employer *City/State* *Title* *Duration*

_____

_____

_____

_____

How did you hear about the CFM Program? (choose one) _____

Required:
I have taken ASFPM's CFM Exam Study Course or attended ASFPM's CFM Exam Study Webinar prior to applying for and/or taking the exam?
Yes ☐ No ☐

For tracking purposes, have you completed any of the following training?

Yes	*Course Name*
☐	FEMA's Managing Floodplain Development through the NFIP (FEMA-273) – Classroom or self-study
☐	FEMA's Managing Floodplain Development through the NFIP (FEMA 480) – Classroom or self-study
☐	Other Floodplain Management Training

List all other State or association registrations, licenses, or certifications you presently hold:

_____

_____

Have you ever been registered by any other Certified Floodplain Manager Program(s)?

YES ☐ NO ☐ Certification # _____

State(s)_____

Date Issued _____

If you live in a state which has an ASFPM accredited certification program, you must apply to them directly. *(AR, IL, NC, NM, OK, TX)*

Exam Details: Online Exam: ◉ Meazure Learning Exam Facility: ◯

Exam Event (conference/workshop): ◯ Event Location & Date: _____

☐ **ADA Accommodation Needed** (please submit all supporting documentation with application - see bottom of page 2)

PAYMENT METHOD Please see following page for Fee Schedule

☐ Check enclosed ☐ Credit Card ☐ Purchase Order

Check or Purchase Order Number _____

PAYMENT AMOUNT TOTAL $ _____

Card # _____ Expiration Date _____ CCV # _____

Cardholder's Name _____ Cardholder's Zip Code _____

SIGNATURE _____

Fee Schedule FY26

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

September 2025

FEES

The following fees have been established in compliance with ASFPM Policy: CFM® Fee Schedule:

	Fee	Discounted Member Fee*
Application packet, processing, & exam	$565	$185
Re-take Exam Fee	$85	$85
Biennial Renewal Fee	$530	$130 ($90 early bird discount)
Late Renewal Fee	$75	$75

1. An applicant can become a member of ASFPM at the same time they apply for the exam. Apply for membership online at www.floods.org
2. * To be eligible for the discounted member exam or renewal rate the applicant needs to be an individual member or student (full time enrollment) member of ASFPM at the time of application and throughout the duration of the certification period. Corporate, Agency, and Chapter Partners do not make an applicant eligible for the member rate in this certification process.
3. Registration is not complete until all fees are received by ASFPM. Payments made by purchase order will be held until actual fees are received. Exam scheduling will not proceed until fees are received by ASFPM.
4. Exam eligibility will expire one year from the date of registration and any unscheduled exam request will be terminated.
5. No refunds will be provided after fees are processed and received by ASFPM.
6. Additional fees may be required by Meazure Learning to cancel or reschedule an exam.

I also hereby agree to the fees and payment methods as indicated above.

Signed _____ Date _____

Printed Name _____

Code of Ethics

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

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

Certified Floodplain Managers will agree to follow the Code of Ethics below.

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.

Signed _____ Date _____

Printed Name _____

Decertification

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

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

It shall be the policy of the ASFPM to identify situations where a CFM may be decertified, as outlined below:

1. A CFM may be decertified for failure to fulfill the requirements specified in the Policy: CFM® Renewal by the renewal date.
2. A CFM may be decertified for violation of any policy of CBOR or ASFPM.
3. A CFM may be decertified for unprofessional or unethical behavior if he/she has:
   a. Been convicted of a crime or any felony directly related to his or her professional duties;
   b. 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;
   c. 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;
   d. 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
   e. Violated the Policy: Code of Ethics.

Additional information regarding notification, communication and recertification can be found in Policy: Decertification.

Signed _____ Date _____

Printed Name _____

Acknowledgement & Disclaimer

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM

I have read and agree to abide by the foregoing rules and procedures of the Association of State Certified Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program) as adopted by the Certification Board of Regents (CBOR). I also agree to complete all application requirements, provide necessary documentation, and take all exams as may be required for the processing of my application. I understand that award of certification will be based upon achieving a satisfactory grade. Upon my award of the Certified Floodplain Manager (CFM) designation, I agree to be bound by the conditions of renewal as contained in the CFM® Program Charter. I further understand that the application fee submitted herein is NOT REFUNDABLE after such fees are processed and received by ASFPM. I understand Meazure Learning may charge additional fees to reschedule or cancel an exam. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the ASFPM and its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action taken in connection with this application, the attendant exams, the grades with respect to any exam, the failure of the ASFPM to register me as a CFM and any other aspect of the CFM® Program. I hereby grant permission to ASFPM and the CBOR to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if registered as a CFM, upon the revocation, suspension, or cancellation of my certification by action of the CBOR, I shall return my Certificate, and any other items issued as part of the CFM® Program to the ASFPM Executive Office.

I understand that the content, including each question, of the CFM® exam is the property of ASFPM, and that said content is copyrighted and confidential information. I understand that I am strictly prohibited from retaining, copying, distributing, disclosing, discussing, possessing, or receiving any exam content, including even partial questions, by written, electronic, oral, or other form of communication. This includes, but is not limited to, emailing, copying, or printing of electronic files and reconstructing content through memorization and/or dictation before, during, or after the exam. Doing so may result in disciplinary action including, but not limited to, denial of CFM certification, decertification, assessment of monetary damages, and legal liability. By proceeding further with the examination process, I acknowledge and agree that I understand these restrictions and the consequences if I break these restrictions.

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 failure for me to be registered as a CFM, or the possible revocation of my certification.

I understand that all information provided as part of this application will remain strictly confidential to ASFPM unless authorized by me in writing to release the information to a requesting party.

I hereby attest that the information provided is factual and that I have carefully read and fully understand all conditions, code of ethics, rules, and procedures of CFM® Program and do hereby agree to conform to all of the same conditions, rules, and procedures.

Signed _____ Date _____

Printed Name _____