



Vermont Emergency Management Director Certification

Program Application

Congratulations on starting your journey to completing your Vermont Emergency Management Director Certification. Upon completion of all the curriculum requirements and proper submission of work and application, individuals will be:

- Presented with a State of Vermont Emergency Management Director Certificate
- Highlighted as Certified Vermont Emergency Management Directors on the Vermont Emergency Management website and recognized at the annual Vermont Emergency Preparedness Conference.
- Eligible to receive the Federal Emergency Management Agency's Professional Development Series Certification.

Directions for Enrollment:

1. Log into the Learning Management System (LMS) (vermont.csod.com) and register for the Vermont Emergency Management Director Certification Program curriculum. The simplest way to do this is type EMD in the search bar. If you do not have an LMS account or need assistance logging in, please contact VEM training at DPS.EMHStraining@vermont.gov.
2. Please submit your FEMA SID to the same email. This will be entered into your LMS account for auto tracking of the online coursework. Don't have a FEMA SID? Register for one at <https://cdp.dhs.gov/femasid>
3. As courses are completed and logged into the LMS, they will be marked as complete on your to do list. Any courses not taken with VEM or through FEMA's Independent Study site will need to be uploaded into the LMS by the user.
4. Instructor-led course enrollment can be found in the LMS. Online courses can be found at <https://training.fema.gov/is/>
5. Practical exercises requirements:
 - a. Pre-requisite: IS 120a (An Introduction to Exercises) must be completed.
 - b. Exercise documentation, including a Situation Manual or Exercise Plan must be submitted with the EMD Application. Exercise must follow the HSEEP methodology.
 - c. The Exercise Director must sign off to attest to your participation. The Exercise Director must have completed the Homeland Security Exercise and Evaluation Program (HSEEP) Course.
 - d. Applicants that only observe an exercise will have a follow-up discussion with the Exercise Director. A questionnaire can be found at <https://vem.vermont.gov/programs/emd/certification>
6. Once all requirements have been completed, please submit completed application to the State Training Administrator via email at DPS.EMHStraining@vermont.gov. All applications will be notified once their packets are received. Applications will be reviewed and notified of status from Vermont Emergency Management within 2 weeks.

VEM Emergency Management Director Program Candidate Information:

Name: _____ Job Title: _____

Affiliated Agency: _____ Phone: _____

Mailing Address: _____

Email Address: _____



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Required Coursework and Practical Application Activities		
TYPE	ACTIVITY / COURSE	Date Completed
Coursework (Instructor-led)	Vermont Local EMD Course	
Coursework (Instructor-led or On-line)	American Red Cross Shelter Fundamentals	
Coursework (Instructor-led)	G-191 (ICS-EOC Interface)	
Coursework (Online)	IS 100 (Introduction) or ICS 100	
Coursework (Online)	IS 200 (ICS Single Resource) or ICS 200	
Coursework (Online)	IS-120a (An Introduction to Exercises)	
Coursework (Online)	IS-230 (Fundamentals of Emergency Management)	
Coursework (Online)	IS-235 (Emergency Planning)	
Coursework (Online)	IS-240b (Leadership and Influence)	
Coursework (Online)	IS-241 (Decision-making and Problem-solving)	
Coursework (Online)	IS-242b (Effective Communication)	
Coursework (Online)	IS-244 (Developing and Managing Volunteers)	
Practical Part 1 *	Participate (as a planner, player, evaluator or observer) in at least one Table Top Exercise (TTX) delivered at the state or local level	
Practical Part 2 **	Participate (as a planner, player, evaluator or observer) in at least one Operations-based exercise delivered at the state or local level	

*I certify that the EMD Certification Program candidate, named below, completed the Practical Part 1 by participating in the Tabletop Exercise on _____ hosted by _____.
 Their participation included _____.

 Signature of Exercise Director

**I certify that the EMD Certification Program candidate, named below, completed the Practical Part 2 by participating in the Operations-based Exercise on _____ hosted by _____.
 Their participation included _____.

 Signature of Exercise Director

Submission date to VEM Training Administrator: _____ (VEM STA Acknowledgement _____)