



**Maryland Professional Emergency Management Program (MDPEMP)
Maryland Emergency Management Association**

MDPEMP Professional Certification Reciprocity Application

Date _____

Applicant: _____

Address: _____

Phone: _____

Current Certification: _____

Issuing Organization: _____

Award Date: _____

Expiration Date: _____

Attach the following required Supporting Documentation:

Copy of certification documentation (certificate or letter of award)

Copy of current position description

Proof of 2 years of Emergency Management experience in Maryland

MDPEMP Approved:

Date: _____

Expires: _____

CEM Expires: _____

Initials: _____