



CMM Supplemental Application Housing/Real Estate Management



Institute of Housing Management

A. Housing Management Specialist

Completed Documented*

- | | | |
|--|--------------------------|--------------------------|
| 1. Property and Building Administration Course Completion | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Building Maintenance for Property Managers Course Completion | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employment Experience:
3 years, full-time, in Municipal Property/Real Estate Governance Management (5,460 hours) | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Re-certification Requirement (every 3 years)
A minimum 14 hours industry related training/workshop through **IHM**
(i.e. IHM educational conference attendance = 14 hours)

Title: _____ Employer: _____ (MM/YY): _____ to _____

Title: _____ Employer: _____ (MM/YY): _____ to _____ **

*** Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application * Provide detail if additional positions*

Office Use

B. Housing Management Professional

Above requirements must be completed, CMM II level designation achieved and Items 1 - 4 below completed

Completed Documented*

- | | | |
|--|--------------------------|--------------------------|
| 1. Strategic and Financial Planning for Property Managers | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Human Relations for Property Managers | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Completed two (2) additional elective courses for IHM Certificate completion | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Employment Experience:
5 years, full-time, in Municipal Property/Real Estate Governance Management (9,100 hours) | <input type="checkbox"/> | <input type="checkbox"/> |

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Title: _____ Employer: _____ (MM/YY): _____ to _____

Title: _____ Employer: _____ (MM/YY): _____ to _____ **

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New applicants must attach their CMM Application
Complete all sections for accurate evaluation



C. 1. Applicant: _____ Employer: _____

2. Phone: _____ E-mail: _____

3. **Signature:** _____ **Date:** _____

4. **IHM Member** Yes No ****IHM Membership Required to Apply****

5. **Witness:** a) Municipal Official (IHM Member): _____

b) Signature: _____ Title: _____

**Witness identity only – not verification of content.*

Fee: \$235 (includes CMM & IHM Enhancement) HST Exempt.

Cheque payable to OMMI or VISA _____ Exp ___ / ___ Name on Card: _____ Corp Personal

Mail/Courier application to 618 Balmoral Drive, Oshawa, ON L1J 3A7