



CMM Supplemental Application

Police (Civilian)



A. Police Specialist

1. Courses listed are a sampling (3 or more courses minimum of 120 hours total)
- | | Completed | **Documented | | Completed | **Documented |
|-------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| THREE | <input type="checkbox"/> | <input type="checkbox"/> | Teambuilding | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Negotiation Skills | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Administrative Skills | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Law Enforcement Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | CPIC Operator | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Advanced Communication Techniques | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Equivalent (as determined by OACP) | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |

2. 3 x Days (24 hour minimum) of professionally related conferences/workshops Completed Documented

3. Employment Experience 5 years related to Police Services (ie. Info Mgt, Technology, Projects, HR, Finance)

Title: _____ Employer: _____ Month ____ Year ____ to Month ____ Year ____ *

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

B. Police Professional (above requirements and a CMM I level)

1. ONE
- | | Completed | **Documented |
|--|--------------------------|--------------------------|
| a) Certificate/Diploma (minimum 4 courses/120 hours) (one of: i) Public Admin, ii) Bus Admin, iii) HR Mgt) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 6 x Univ/College courses (one of: i) Local Gov't, ii) Public Admin, iii) Mgt and one job related, | <input type="checkbox"/> | <input type="checkbox"/> |
2. 5 x days (40 hour minimum) of OACP or professionally related workshops/conferences Completed Documented

3. Employment Experience 2 years Supervisory position in Police Services

Title: _____ Employer: _____ Month ____ Year ____ to Month ____ Year ____ *

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

C. Police Executive (above requirements and a CMM II)

1. Courses listed are a sampling
- | | Completed | **Documented |
|---|--------------------------|--------------------------|
| ONE a) Executive Development in Policing (CPC) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Police Leadership Program (Rotman) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Undergraduate Degree | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Accreditation Designation – to match Job Requirements (i.e. CHRP, CMA, CGA, PMP, P.Eng, LLB) | <input type="checkbox"/> | <input type="checkbox"/> |
2. ONE
- | | Completed | **Documented |
|---|--------------------------|--------------------------|
| a) 6 x days OACP sponsored Seminars or Conferences | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 2 x years participation on OACP Committee (s) or working group (s) | <input type="checkbox"/> | <input type="checkbox"/> |
3. 10 x days (100 hour minimum) professionally related conferences/workshops Completed Documented

4. Employment Experience 2 years in a Senior Police position(s) and OACP member

Title: _____ Employer: _____ Month ____ Year ____ to Month ____ Year ____ *

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



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



D. 1. Applicant: _____ Employer: _____

2. Phone: _____ E-mail: _____

3. Signature: _____ Date: _____

4. OACP Member Yes No OACP Membership Required to be eligible for the Executive Level

5. Witness: a) Police Services Official (OACP Member): _____ Service: _____

b) Signature: _____ Title: _____

* Witness identity only – not verification of content.

Fee: \$235 OACP Member, \$245 Non OACP Member (includes CMM & OACP 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

Office Use