



### CMM Supplemental Application Security Administrator

#### A. Security Specialist (CMM required)

- |  | Completed                | Documented*              |
|--|--------------------------|--------------------------|
| 1. Post-Secondary Certificate/Diploma or equivalent  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <b>Two</b> of the following (Minimum two days each):  |                          |                          |
| a) BEM & IMS 100   |                          |                          |
| c) OPC Supervisor related or equivalent  |                          |                          |
| e) NaBita Including SIVRA - 35   |                          |                          |
| b) CPTED – Basic Level One   | <input type="checkbox"/> | <input type="checkbox"/> |
| d) VRTA – Level One  |                          |                          |
| f) Proactive Resolutions   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <b>OACUSA</b> Institutional, Associate or Affiliate Member  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attend 1 <b>OACUSA</b> Conference, Date: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 3 days (24 hrs) of professionally related workshops/conferences   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Employment Experience</b> <u>2 years</u> , full-time or equivalent management position in a safety related field | <input type="checkbox"/> | <input type="checkbox"/> |

Title: \_\_\_\_\_ Employer: \_\_\_\_\_ Start (MM/YY): \_\_\_\_\_ to \_\_\_\_\_

\*Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application

\*Provide detail if additional positions

#### B. Security Professional (CMM II required)

- |  | Completed                | Documented*              |
|--|--------------------------|--------------------------|
| 1. a) Post-Secondary Certificate/Diploma (Police/Security Related, Business Adm/Mgt or equivalent)                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>OR</b>  |                          |                          |
| b) ASIS PSP or ASIS PCI  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Advanced Threat Assessment, <b>Two</b> of:  |                          |                          |
| a) VRTA – Level Two  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Proactive Resolutions   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) NaBITA Written Word Assessment  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) CPTED – Advanced Level Two  | <input type="checkbox"/> | <input type="checkbox"/> |
| e) IMS 200   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attend 3 <b>OACUSA</b> Conferences, Dates: _____, _____, _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 5 days (40 hrs) of professionally related workshops/conferences   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Employment Experience</b> , <u>5 years</u> , full-time (or equivalent) management position in a post-secondary setting | <input type="checkbox"/> | <input type="checkbox"/> |

Title: \_\_\_\_\_ Employer: \_\_\_\_\_ Start (MM/YY): \_\_\_\_\_ to \_\_\_\_\_

#### C. Security Executive (CMM III required)

- |  | Completed                | Documented*              |
|--|--------------------------|--------------------------|
| 1. a) Post-Secondary Degree  |                          |                          |
| (Business/Management, Social Sciences or equivalent at the discretion of the OACUSA Executive Committee)   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>OR</b>  |                          |                          |
| b) ASIS CPP, CPC SPAC or accredited Executive level training   |                          |                          |
| (i.e. Rotman Executive Program, Niagara Institute Executive Leadership Program)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Executive or Director position within <b>OACUSA</b> for a term. Position: _____ Date: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 10 days (80 hrs) of professionally related workshops/conferences  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Documented evidence (Cover, table of contents page, date presented) of a multi-year Strategic Plan or complex business plan prepared by the Applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>Employment Experience</b> <u>10 years</u> full-time (or equivalent) in Senior management position  |                          |                          |
| (minimum 5 years in a post-secondary setting)  | <input type="checkbox"/> | <input type="checkbox"/> |

Title: \_\_\_\_\_ Employer: \_\_\_\_\_ Start (MM/YY): \_\_\_\_\_ to \_\_\_\_\_

- D. 1. Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_
2. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_
4. **OACUSA Member Number #** \_\_\_\_\_ **\*\* Minimum 2 years as an active OACUSA Member to Apply\*\***
5. **Witness:** a) Local Government Official (**OACUSA** Member): \_\_\_\_\_
- b) Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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

**Fee: \$214 (includes CMM & OACUSA 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

**Complete all sections to ensure a complete recommendation. New Applicants Must Attach their CMM Application**