CMM Supplemental Application
Emergency Management

Office Use

A. Emergency Management Specialist (CMM II level)

		Completed	Documented*
	1. CEMC Course/Exam (EMO) **or** BCP Accreditation – DRI Canada	☐	☐
ONE	**2.** Emergency Operations Centre Management Course (OFMEM or JIBC)	☐	☐
ONE	**3.** Advanced Incident Command Courses, IMS Courses, level 200 or 300 (OFMEM), or equivalents	☐	☐
	And		
ALL	**4.** Participation in a declared emergency or a full scale, live training exercise	☐	☐
ALL	**5.** 6 x days (40 hour minimum) of **OAEM** or professionally related workshops/conferences *(i.e.World Disaster Conference, Int'l Association of Emergency Managers)*	☐	☐
ALL	**6.** Minimum 3 years **OAEM** membership and one Annual General Meeting in previous 2 years	☐	☐
ALL	**7.** **Employment Experience** 5 years, full-time, in Emergency Management **or** BCP	☐	☐

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

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

B. Emergency Management Professional (above reqt's and CMM III level)

		Completed	Documented*
	1. University/College degree/diploma in EM or demonstrated work experience with examples of EM senior positions in emergency situations (IC Command, lead for logistics, etc)	☐	☐
	2. 8 days (50 hr minimum) **OAEM** or professionally related workshops/conferences	☐	☐
ONE	**3.** Participation in **OAEM** committee work **OR**	☐	☐
ONE	**4.** Author/Co-Author article for **OAEM** website/publication or other EM related magazine	☐	☐
	5. Minimum 4 years **OAEM** Membership with two AGMs in previous four years	☐	☐
	6. **Employment Experience** 6 years, full-time Emergency Management position that allocates 50% plus of its time dedicated to EM	☐	☐

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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. **OAEM Member Number #**_____ *****2 year OAEM Membership Required to Apply*****
5. **Witness:** a) Local Government Official (**OAEM** Member): _____

   b) Signature: _____ Title: _____

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

Fee: $235 (includes CMM & OAEM 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