



# CMM Supplemental Application



## Fire Prevention

### A. Fire Prevention Specialist

<b>ONE</b>	<ol style="list-style-type: none"> <li>1. <b>Inspector</b>      <u>6</u> of the following eleven courses (OFM); 101, 201, 202, 301, 302, 401, 501, 502, 503, 504, 505</li> <li>2. <b>Plans Examiner</b>      Qualified for Bill 124 (Provincial Exam)</li> <li>3. <b>Investigator</b>      NFPA 921 course</li> <li>4. <b>Public Educator</b>      3 x OFM courses (601, 602, 603) and exam</li> </ol>	<p>Certificate/Transcript Attached</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Office Use
<b>And</b>			
<b>BOTH</b>	<ol style="list-style-type: none"> <li>5. 1 x Fire Prevention Officer Seminar (4 days @ OFC) or professionally related seminars/ conferences (total of 24 hours, ie <b>OMFPOA</b>, IAFC, OAFC, NFPA . . .)</li> <li>6. <b>Employment Experience</b>      <u>5 years</u> (9,100 hours) in Specialty</li> </ol>	<input type="checkbox"/>	
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			

### B. Fire Prevention Professional

<b>ONE</b>	<ol style="list-style-type: none"> <li>1. FPO Certification (Ontario Fire Marshal)</li> <li>2. Fire Prevention Tech and Advanced Program (OFC)</li> <li>3. College Equivalent (determined by OMFPOA Evaluation Committee)</li> </ol>	<p>Certificate/Transcript Attached</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Office Use
<b>And</b>			
<b>ALL</b>	<ol style="list-style-type: none"> <li>4. 4 x College/University Courses (with at least <u>one</u> in Local Gov't, Public Admin, or Management, <u>and</u> one job related elective)</li> <li>5. 2 x Fire Prevention Seminars (8 days at OFC) or professionally related seminars (total 48 hours ie <b>OMFPOA</b>, NFPA, OAFC, IAFC, OFM)</li> <li>6. <b>Employment Experience</b>      <u>7 years</u> (12,740 hours) in Prevention</li> </ol>	<input type="checkbox"/> <input type="checkbox"/>	
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			

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. **OMFPOA Member**       Yes     No      **\*\*OMFPOA Membership Required to Apply\*\***

5. **Witness:**

a) Municipal Fire Official (**OMFPOA Member**): \_\_\_\_\_

b) Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\*Witness identity only – not verification of content.

**Fee: \$235** (includes CMM & OMFPOA Enhancement)    **HST Exempt**

Cheque payable to OMMI or pay by VISA \_\_\_\_\_ Exp \_\_\_ / \_\_\_ Name on Card: \_\_\_\_\_  Corp  Personal

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