



CMM Supplemental Application

Police



A. Police Specialist

1. Courses listed are a sampling and not a complete list

	Completed	** Documented		Completed	** Documented
ONE {	<input type="checkbox"/>	<input type="checkbox"/>	General Investigative Techniques (OPC)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Supervisors Course	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Advanced Patrol	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Forensic Identification	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Collision Reconstruction Level III	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Homicide	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	Senior Police Administration	<input type="checkbox"/>	<input type="checkbox"/>
			Fraud	<input type="checkbox"/>	<input type="checkbox"/>
		Crime Prevention	<input type="checkbox"/>	<input type="checkbox"/>	
		Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>	
		Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	
		Administrative Courses	<input type="checkbox"/>	<input type="checkbox"/>	
		Law Enforcement Admin Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	

2. OPC Promotional Exam Level 1 passed (Constable to Sergeant) Date: _____

3. 3 x days (24 hour minimum) **OACP** or professionally related conferences/workshops

4. **Employment Experience** 2 years in Specialty Unit (i.e. CIB, Community Service, etc.)

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

** Documented: include copies of certificates/diplomas, agenda/transcripts where possible

* Provide detail if additional

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

	Completed	Documented
ONE {	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

2. OPC Promotional Exam Level 2 passed (Sergeant to Staff Sergeant) Date: _____

3. 5 x days (40 hour minimum) of **OACP** or professionally related workshops/conferences

4. **Employment Experience** 3 years 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)

	Completed	Documented		Completed	Documented
ONE {	<input type="checkbox"/>	<input type="checkbox"/>	a) Executive Development in Policing (CPC)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	b) Police Leadership Program (Rotman)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	c) Law Enforcement Executive Development (FBI)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	d) FBI National Academy	<input type="checkbox"/>	<input type="checkbox"/>
			e) Undergraduate Degree	<input type="checkbox"/>	<input type="checkbox"/>
		f) Equivalent	<input type="checkbox"/>	<input type="checkbox"/>	

2. ONE { a) 6 x days OACP sponsored Seminars or Conferences
b) 2 x years participating on OACP Committee (s) or working group (s)

3. 10 x days (100 hour minimum) professionally related conferences/workshops

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: \$245 OACP Member, \$255 Non OACP Member (includes CMM & OACP enhancement) HST Exempt

Cheque payable to OMMI or pay by VISA _____ Exp ____ / ____ CVV: _____ Corp Personal

Name on Card: _____

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

