



## CMM Supplemental Application Emergency Management



### A. Emergency Management Specialist (CMM II level)

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

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*	Office Use
ONE	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)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2. 8 days (50 hr minimum) <b>OAEM</b> or professionally related workshops/conferences	<input type="checkbox"/>	<input type="checkbox"/>	_____
	3. Participation in <b>OAEM</b> committee work <u>OR</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	4. Author/Co-Author article for <b>OAEM</b> website/publication or other EM related magazine	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5. Minimum 4 years <b>OAEM</b> Membership with two AGMs in previous four years	<input type="checkbox"/>	<input type="checkbox"/>	_____
	6. <b>Employment Experience</b> <u>6 years</u> , full-time Emergency Management position that allocates 50% plus of its time dedicated to EM	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

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

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\*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. **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: \$245 (includes CMM & OAEM 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