



CMM Supplemental Application

Fire Training



A. Fire Training Specialist

- | | | |
|------------|---|---|
| ONE | { | 1. Training Officer Diploma - OFC <input type="checkbox"/> Completed <input type="checkbox"/> Documented*
2. NFPA Instructor Level 1 & 2 <input type="checkbox"/> Completed <input type="checkbox"/> Documented*
3. Equivalency requested (determined by OAFTO Committee) <input type="checkbox"/> Completed <input type="checkbox"/> Documented* |
|------------|---|---|

And

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|-------------|---|---|
| BOTH | { | 4. 1 x Training Officer Seminar (4 days @ OFC) <u>or</u> professionally related workshops/conferences (total of 24 hours, ie OAFTO , OAFIC, NFPA . . .) <input type="checkbox"/> Completed <input type="checkbox"/> Documented*
5. Employment Experience 5 years, full-time, <u>or</u> 7 years, volunteer, <u>Training Officer</u> |
|-------------|---|---|

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

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. Fire Training Professional

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|------------|---|--|
| ONE | { | 1. Training Officer Certification (Ontario Fire Marshal) <input type="checkbox"/> Completed <input type="checkbox"/> Documented*
2. NFPA Instructor Level 1,2 & 3 <input type="checkbox"/> Completed <input type="checkbox"/> Documented*
3. Equivalency requested (determined by OAFTO Committee) <input type="checkbox"/> Completed <input type="checkbox"/> Documented* |
|------------|---|--|

And

- | | | |
|------------|---|--|
| ALL | { | 4. 4 x Community College/University Courses (with at least <u>one</u> in Local Gov't., Public Admin, Management, <u>and</u> one job related elective) <input type="checkbox"/> Completed <input type="checkbox"/> Documented*
5. 2 x Training Officer Seminars (OFM) or professionally related conferences or workshops (total 48 hours ie. OAFTO , OAFIC, NFPA) <input type="checkbox"/> Completed <input type="checkbox"/> Documented*
6. Employment Experience 3 years suppression <u>and</u> 7 yrs, full-time, <u>or</u> 9 yrs, volunteer, <u>Training Officer</u> |
|------------|---|--|

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

Title: _____ Employer: _____ Start (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. **OAFTO Member** Yes No ****OAFTO Membership Required to Apply****

5. **Witness*:** a) Municipal Fire Official (**OAFTO** Member): _____

b) Signature: _____ Title: _____

* Witness identity only – not verification of content

Fee: \$245 (includes CMM & OAFTO Enhancement) HST Exempt.

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

Name on Card: _____