



# CMM Supplemental Application Security Administrator



## A. Security Specialist (CMM required)

		Completed	Documented*	Office Use
ALL	1. Post-Secondary Certificate/Diploma or equivalent	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2. <b>Two</b> of the following (Minimum two days each):			_____
	a. BEM & IMS 100	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Supervisory or Management Training. Please list _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Violence & Threat Assessment Training (Eg. Protect International, VTRA, NaBita, etc.) Please list _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Crime Prevention Training (Eg. CPTED, etc.) Please list _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. Emergency Management or Health and Safety Training	<input type="checkbox"/>	<input type="checkbox"/>	_____
	3. <b>OACUSA</b> Institutional, Associate or Affiliate Member	<input type="checkbox"/>	<input type="checkbox"/>	_____
	4. Attend 1 <b>OACUSA</b> Conference, Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5. 3 days (24 hrs) of professionally related workshops/conferences	<input type="checkbox"/>	<input type="checkbox"/>	_____
	6. <b>Employment Experience</b> <u>2 years</u> , full-time or equivalent management position in a safety related field	<input type="checkbox"/>	<input type="checkbox"/>	_____
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. Security Professional (CMM II required)

		Completed	Documented*	Office Use
ALL	1. a. Post-Secondary Certificate/Diploma (Police/Security Related, Business Admin/Mngt or equivalent) <b>OR</b> b. ASIS PSP, ASIS PCI or ASIS SA	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2. Advanced Training - <b>Two</b> of the following:			_____
	a) Violence and Threat Assessment Training – Level Two Please list _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b) Crime Prevention (as above) Level 2. Please list _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c) IMS 200 and 300	<input type="checkbox"/>	<input type="checkbox"/>	_____
	3. Attend 3 <b>OACUSA</b> Conferences, or 2 <b>OACUSA</b> conferences and 1 <b>security related</b> conference Dates: _____, _____, _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5. 5 days (40 hrs) of professionally related workshops/conferences	<input type="checkbox"/>	<input type="checkbox"/>	_____
	6. <b>Employment Experience</b> , <u>5 years</u> , full-time (or equivalent) management position in a post-secondary setting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Title: _____ Employer: _____ Start (MM/YY): _____ to _____				

## C. Security Executive (CMM III required)

		Completed	Documented*	Office Use
ALL	1. a) Post-Secondary Degree (Business/Management, Social Sciences or equivalent at the discretion of the OACUSA Executive Committee) <b>OR</b> b) ASIS CPP, CPC SPAC or accredited Executive level training (Eg. Rotman Executive Program, Niagara Institute Executive Leadership Program)	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2. Executive, Director or Committee Chair position within <b>OACUSA</b> for a minimum 2 year term. Position: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
	3. 10 days (80 hrs) of professionally related workshops/conferences	<input type="checkbox"/>	<input type="checkbox"/>	_____
	4. Documented evidence (Cover, table of contents page, date presented) of a multi-year Strategic Plan or business plan prepared by the Applicant	<input type="checkbox"/>	<input type="checkbox"/>	_____
	5. <b>Employment Experience</b> 10 years full-time in senior management position in post secondary institution	<input type="checkbox"/>	<input type="checkbox"/>	_____
Title: _____ Employer: _____ Start (MM/YY): _____ to _____				

**D.**

1. Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

2. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. **OACUSA Member Number #** \_\_\_\_\_ **\*\*Minimum 2 years as an active OACUSA Member to Apply\*\***

5. **Witness:** a) Local Government Official (**OACUSA** Member): \_\_\_\_\_  
b) Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

\*Witness identity only – not verification of content

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

Cheque payable to OMMI or pay by Credit Card \_\_\_\_\_ Exp / / CVV: \_\_\_\_\_  Corp  Personal

Name on Card: \_\_\_\_\_

Mail/Courier application to 618 Balmoral Drive, Oshawa, ON L1J 3A7  
**Complete all sections to ensure a complete recommendation. New Applicants Must Attach their CMM Application**