



CMM Supplemental Application

Emergency Management



A. Emergency Management Specialist (CMM II level)

Completed Documented*

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|-----|----|---|--------------------------|--------------------------|-------|
| | 1. | CEMC Course/Exam (EMO) or BCP Accreditation – DRI Canada | <input type="checkbox"/> | <input type="checkbox"/> | |
| ONE | 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"/> | _____ |
| | | And | | | |
| 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 OAEM 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 OAEM membership and one Annual General Meeting in previous 2 years | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | 7. | Employment Experience <u>5 years</u> , full-time, in Emergency Management or BCP | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

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. Emergency Management Professional (above reqt's and CMM III level)

Completed Documented*

- | | | | | | |
|-----|----|--|--------------------------|--------------------------|-------|
| | 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) OAEM or professionally related workshops/conferences | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| ONE | 3. | Participation in OAEM committee work OR | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | 4. | Author/Co-Author article for OAEM website/publication or other EM related magazine | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | 5. | Minimum 4 years OAEM Membership with two AGMs in previous four years | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| | 6. | Employment Experience <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 _____

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New applicants must attach their CMM Application
Complete all sections for accurate evaluation



- C.
- Applicant: _____ Employer: _____
 - Phone: _____ E-mail: _____
 - Signature:** _____ **Date:** _____
 - OAEM Member Number #** _____ ****2 year OAEM Membership Required to Apply****
 - Witness:** a) Local Government Official (**OAEM** Member): _____
b) Signature: _____ Title: _____
**Witness identity only – not verification of content*

Fee: \$255 (includes CMM & OAEM Enhancement) HST Exempt.

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

Name on Card: _____

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

Office Use
