



# CMM Supplemental Application



## Fire Service

### A. Fire Service Professional (CMM II required)

- |              |   | Completed                | Documented*              |
|--------------|---|--------------------------|--------------------------|
| <b>ONE</b> { | 1. a) Company/Prevention/Training Officer Diploma (OFC)   | <input type="checkbox"/> | <input type="checkbox"/> |
|              | b) NFPA Fire Officer Levels 1 & 2   | <input type="checkbox"/> | <input type="checkbox"/> |
|              | c) Community College Fire Service Diploma   | <input type="checkbox"/> | <input type="checkbox"/> |
|              | d) 8 x credit courses or equivalent in the Fire Service Executive Management Certificate Program (O AFC)  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.           | 80 hours of O AFC or professionally related Professional Development in the previous 5 years  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.           | <b>Employment Experience:</b> <u>5 years Fire Service Officer</u><br>Includes Training, Prevention, Suppression, Mechanical and Communication Officers. | <input type="checkbox"/> | <input type="checkbox"/> |

\*Note: Training (OAFTO), Prevention (OMFPOA) & Suppression (O AFC) Officers require their Association Enhancements at the Professional level.

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 Service Executive (CMM III required)

- |              |   | Completed  | Documented*              |
|--------------|---|--|--------------------------|
| <b>ONE</b> { | 1. a) Diploma in <u>one</u> of these:<br>i) Public Administration, ii) Business Administration, iii) HR Mgt                                       | <input type="checkbox"/>                                   | <input type="checkbox"/> |
|              | b) 8 x University/College Courses with at least <u>one</u> in:<br>i) Local Gov't, ii) Public Admin, iii) Mgt, and <u>one</u> job related elective | <input type="checkbox"/>                                   | <input type="checkbox"/> |
|              | c) Certificate in Fire Service Executive Management (O AFC)   | <input type="checkbox"/>                                   | <input type="checkbox"/> |
|              | d) NFPA 3 & 4   | <input type="checkbox"/>                                   | <input type="checkbox"/> |
| <b>And</b>   |   |  |                          |
| 2.           | 160 hours of O AFC or professionally related Professional Development in the previous 10 years  | <input type="checkbox"/>                                   | <input type="checkbox"/> |
| 3.           | a) 2 x years on O AFC Board/Committee, or Working Group   | <input type="checkbox"/>                                   | <input type="checkbox"/> |
|              | <b>OR</b>   |  |                          |
| 3.           | b) 5 x years of O AFC Membership  | <input type="checkbox"/>                                   | <input type="checkbox"/> |
|              | 4.  | <b>Employment Experience:</b> <u>5 years Chief Officer</u> | <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. O AFC Member:  Yes  No **\*\* O AFC Membership Required for Executive Level \*\***
5. Witness: a) Municipal Fire Official (O AFC Member): \_\_\_\_\_
- b) Signature: \_\_\_\_\_ Title: \_\_\_\_\_
- \* Witness identity only – not verification of content

**Fee: \$255 (includes CMM & O AFC enhancement) HST Exempt.**

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

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

Office Use