



CMM Supplemental Application



Fire Training

A. Fire Training Specialist

	Completed	Documented*
ONE { 1. Training Officer Diploma - OFC	<input type="checkbox"/>	<input type="checkbox"/>
2. NFPA Instructor Level 1	<input type="checkbox"/>	<input type="checkbox"/>
3. Equivalency requested (determined by OAFTO Committee)	<input type="checkbox"/>	<input type="checkbox"/>
BOTH { 4. 1 x Training Officer Seminar (4 days @ OFC) or professionally related workshops/conferences (total of 24 hours, ie OAFTO, OAF, NFPA . . .)	<input type="checkbox"/>	<input type="checkbox"/>
5. Employment Experience 5 years, full-time, or 7 years, volunteer, Training Officer		

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

	Completed	Documented*
ONE { 1. Training Officer Certification (Ontario Fire Marshal)	<input type="checkbox"/>	<input type="checkbox"/>
2. NFPA Instructor Level 1 & 2	<input type="checkbox"/>	<input type="checkbox"/>
3. Equivalency requested (determined by OAFTO Committee)	<input type="checkbox"/>	<input type="checkbox"/>
ALL { 4. 4 x Community College/University Courses (with at least one in Local Gov't., Public Admin, Management, and one job related elective)	<input type="checkbox"/>	<input type="checkbox"/>
5. 2 x Training Officer Seminars (OFM) or professionally related conferences or workshops (total 48 hours ie. OAFTO, OAF, NFPA)	<input type="checkbox"/>	<input type="checkbox"/>
6. Employment Experience 3 years Suppression and 7 yrs, full-time, or 9 yrs, volunteer, Training Officer		

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C. Fire Training Executive

	Completed	Documented*
1. Certificate/Diploma or 6x College/University equivalent courses (min 150 hrs)	<input type="checkbox"/>	<input type="checkbox"/>
ONE { 2. a) 1 term OAFTO Director	<input type="checkbox"/>	<input type="checkbox"/>
b) 2 years OAFTO working group/advisory committee	<input type="checkbox"/>	<input type="checkbox"/>
c) 2 years representing OAFTO on OAF/OFM working group	<input type="checkbox"/>	<input type="checkbox"/>
3. a) 3x OAFTO/OAF Training Officer seminars (min 60 hours) and b) Professionally related seminars/workshops (min 60 hrs)	<input type="checkbox"/>	<input type="checkbox"/>
4. Employment Experience: (10 years) 8 years -Training Officer and 2 years – Senior or Chief Training Officer/Deputy Chief Officer	<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

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): _____ Title: _____

**Witness Confirm identity only – not verification of content*

Fee: \$255 (includes CMM & OAFTO 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