# CMM Supplemental Application

# Emergency Medical Services

## A. Emergency Medical Services Professional

Office Use

Completed Documented*

1. Paramedic/Ambulance and Emergency Care Diploma/Certificate
2. Certification - Advanced Emergency Medical Care Assistant or equivalent
3. ONE
   a) Certificate/Diploma (Public Admin, Business Admin or HR Mgmt)
   b) 4 x University/College courses (one of Local Gov't, Public Admin, Mgmt and/or job related, ie Advanced Care Paramedic certification)
   c) Equivalent (as determined by the OAPC Evaluation Committee)
4. 5 x days (30 hours minimum) OAPC or professionally related conferences/workshops
5. **Employment Experience** 3 years, full-time, in Emergency Medical Services at Supervisor/Manager Level in; Operations, Quality Assurance, Field Training or Support/Logistics

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 Medical Services Executive (above and a CMM II level)

Completed Documented*

1. Certificate/Diploma or Degree in Public Administration, Emergency Management or Leadership, etc.

**OR**

BOTH
2. 5 x days (40 hours minimum) Executive Development Seminars
3. 10 x days (60 hours minimum) OAPC or professionally related conferences/workshops
4. 2 x OAPC Annual Fall Conferences (in the last 5 years)
5. ONE
   a) Instruct/Present 3 x professionally related seminars or conferences
   b) Author an article in a peer-reviewed journal
   c) Participate on an OAPC/EMS Chiefs of Canada Board, Committee or Working Group.
6. **Employment Experience** 10 years, full-time, in Emergency Medical Services, with a minimum of 2 years in management and the current position of; Chief/Director, Deputy Chief/Associate Director or Senior Manager

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**

Office Use

## C.

1. Applicant: _____ Employer: _____
2. Phone: _____ E-mail: _____
3. **Signature**: _____ _____ **Date**: _____
4. **OAPC Member** **Ye** **No** ****OAPC Membership Required to Apply****
5. **Witness:** a) Municipal Official (OAPC Member): _____
   b) Signature: _____ Title: _____

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

**Fee: $245 (includes CMM & OAPC enhancement) HST Exempt.**

**Cheque payable to OMMI or VISA/MC** Exp CVV_____ Name on Card: _____ **Corp** **Personal**

**Mail/Courier application to 618 Balmoral Drive, Oshawa, ON L1J 3A7 or email to info@ommi.on.ca**

Jan 2020