



**CMM Supplemental Application**

**Economic Development**



**A. Economic Development Specialist**

Completed Documented\*

- ALL {
1. Ec.D. Designation (EDAC)
  2. Participate or Instruct/Lecture in **EDCO**, EDAC, or other professionally related seminars or conferences, achieving 5 points in accordance with EDAC certification requirements (ie 3 pts/conf, 2 pts/seminar)
  3. **Employment Experience** 3 years, full-time, in Economic Development

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. Economic Development Professional**

Completed Documented\*

- ONE {
1. Ec.D. (F) Designation (EDAC)
  2. University Degree
  3. College Diploma (3 years)
  4. 10 years Manager/Director in Economic Development

**And**

- BOTH {
5. Participate or Instruct/Lecture in **EDCO**, EDAC, or other professionally related seminars or conferences, achieving 10 points in accordance with EDAC certification requirements (ie 3 pts/conf, 2 pts/seminar)
  6. **Employment Experience** 5 years, full time, in Economic Development (managerial 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



**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. **EDCO Member** Yes No **\*\*EDCO Membership Required to Apply\*\***

5. **Witness:** a) Municipal Official (**EDCO** Member): \_\_\_\_\_

b) Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Witness identity only – not verification of content

**Fee: \$265** (includes CMM & EDCO enhancement) HST Exempt

Cheque payable to OMMI or Pay by Visa/MC Exp CVV: \_\_\_\_\_ Corp Personal

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

Email to info@ommi.on.ca OR submit by mail to: Suite 267, 6-470 King Street West, Oshawa ON L1J 2K9

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