



CMM Supplemental Application

Police (Civilian)



A. Police Specialist

1. Courses listed are a sampling (3 or more courses minimum of 120 hours total)
- | | Completed | **Documented | | Completed | **Documented |
|-------|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| THREE | <input type="checkbox"/> | <input type="checkbox"/> | Teambuilding | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Negotiation Skills | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Administrative Skills | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Law Enforcement Administration | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | CPIC Operator | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Advanced Communication Techniques | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | Equivalent (as determined by OACP) | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | | | |
2. 3 x Days (24 hour minimum) of professionally related conferences/workshops Completed Documented
3. **Employment Experience** 5 years related to Police Services (ie. Info Mgt, Technology, Projects, HR, Finance)

Title: _____ Employer: _____ Month: _____ Year: _____ to Month: _____ Year: _____

* Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application ** Provide detail if additional positions

B. Police Professional (above requirements and a CMM I level)

1. ONE { a) Certificate/Diploma (minimum 4 courses/120 hours) (one of: i) Public Admin, ii) Bus Admin, iii) HR Mgt) Completed Documented
 b) 6 x Univ/College courses (one of: i) Local Gov't, ii) Public Admin, iii) Mgt and one job related, Completed Documented
2. 5 x days (40 hour minimum) of OACP or professionally related workshops/conferences Completed Documented
3. **Employment Experience** 2 years Supervisory position in Police Services

Title: _____ Employer: _____ Month: _____ Year: _____ to Month: _____ Year: _____

* Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application ** Provide detail if additional positions

C. Police Executive (above requirements and a CMM II)

1. Courses listed are a sampling
- | | Completed | **Documented |
|---|--------------------------|--------------------------|
| ONE { a) Executive Development in Policing (CPC) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Police Leadership Program (Rotman) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Undergraduate Degree | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Accreditation Designation – to match Job Requirements (i.e. CHRP, CMA, CGA, PMP, P.Eng, LLB) | <input type="checkbox"/> | <input type="checkbox"/> |
2. ONE { a) 6 x days OACP sponsored Seminars or Conferences Completed Documented
 b) 2 x years participation on OACP Committee (s) or working group(s) Completed Documented
3. 10 x days (100 hour minimum) professionally related conferences/workshops Completed Documented
4. **Employment Experience** 2 years in a Senior Police position(s) and OACP member

Title: _____ Employer: _____ Month: _____ Year: _____ to Month: _____ Year: _____

* 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

- D. 1. Applicant: _____ Employer: _____
2. Phone: _____ E-mail: _____
3. **Signature:** _____ **Date:** _____
4. **OACP Member** Yes No **OACP Membership Required to be eligible for the Executive Level**
5. **Witness:** a) Police Services Official (OACP Member): _____ Service: _____
 b) Signature: _____ Title: _____

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

Cheque payable to OMMI or pay by VISA _____ 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

Office Use