



# CMM Supplemental Application



## Fire Service

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

Completed

Documented\*

1. **ONE** { a) Company/Prevention/Training Officer Diploma (OFC)  
 b) NFPA Fire Officer Levels 1 & 2  
 c) Community College Fire Service Diploma  
 d) 8 x credit courses or equivalent in the Fire Service Executive Management Certificate Program (O AFC)

2. 80 hours of O AFC or professionally related Professional Development in the previous 5 years

3. **Employment Experience:** 5 years Fire Service Officer  
Includes Training, Prevention, Suppression, Mechanical and Communication Officers.

\*Note: Training (O AFTO), Prevention (O MFPOA) & 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\*

1. **ONE** { a) Diploma in one of these:  
 i) Public Administration, ii) Business Administration, iii) HR Mgt  
 b) 8 x University/College Courses with at least one in:  
 i) Local Gov't, ii) Public Admin, iii) Mgt, and one job related elective  
 c) Certificate in Fire Service Executive Management (O AFC)  
 d) NFPA 3 & 4

**And**

2. 160 hours of O AFC or professionally related Professional Development in the previous 10 years

3. a) 2 x years on O AFC Board/Committee, or Working Group

**OR**

b) 5 x years of O AFC Membership

4. **Employment Experience:** 5 years Chief Officer

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: \$265 (includes CMM & O AFC enhancement) HST Exempt.**

Cheque payable to OMMI or pay by Credit Card \_\_\_\_\_ 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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