



CMM Supplemental Application



Fire Training

A. Fire Training Specialist

Completed Documented*

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

Title: _____ Employer: _____ Start (MM/YY): _____ to _____

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

Title: _____ Employer: _____ Start (MM/YY): _____ to _____

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C. Fire Training Executive

Completed Documented*

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

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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: \$265 (includes CMM & OAFTO Enhancement) HST Exempt.

Cheque payable to OMMI or pay by Credit Card _____ Exp CVV: _____ Corp Personal

Name on Card: _____

Office Use