CMM Supplemental Application

Emergency Medical Services

A. Emergency Medical Services Professional

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		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		
2. BOTH	5 x days (40 hours minimum) Executive Development Seminars	☐	☐
3. BOTH	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 _____**

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** 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** ☐ **Yes** ☐ **No** ****OAPC Membership Required to Apply****
5. **Witness:** a) Municipal Official (**OAPC** Member): _____
   b) Signature: _____ Title: _____
   *** Witness identity only – not verification of content**

Fee: $265 (includes CMM & OAPC enhancement) HST Exempt.

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

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

Jan 2022