CMM Supplemental Application
Emergency Management

A. Emergency Management Specialist (CMM II level)

			Completed	Documented*
ONE	1.	Emergency Operations Centre Management Training - 2 days (Internal, OFMEM or JIBC)	☐	☐
ONE	2.	Incident Management Courses, Level 200 and 300 (OFMEM), or equivalent	☐	☐
		And		
ALL	3.	Key Role in Annual Municipal Emergency Management Compliance - 2 years	☐	☐
ALL	4.	EM Role in a declared emergency, EOC exercise, or a full scale/field exercise	☐	☐
ALL	5.	4 x days (28 hour minimum) of **OAEM, OFMEM, IAEM** or related workshops/conferences *(i.e. DEMCON, IAEM, West Niagra)*	☐	☐
ALL	6.	Minimum 2 years **OAEM** membership and one Annual General Meeting	☐	☐
ALL	7.	**Employment Experience** 2 years, defined role in EM **or** BCP Program	☐	☐

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. Emergency Management Professional (above reqt's and CMM III level)

			Completed	Documented*
	1.	University/College degree/diploma in EM, IAEM CEM designation or equivalent experience	☐	☐
	2.	8 days (50 hr minimum) **OAEM** or professionally related workshops/conferences	☐	☐
ONE	3.	Responsible for the leadership and/or compliance of EM/BCP program	☐	☐
ONE	4.	Defined leadership role in EOC or Incident Command Structure	☐	☐
	5.	Minimum 4 years **OAEM** Membership with two AGMs in those four years	☐	☐
	6.	**Employment Experience** 4 years, full-time position that allocates - 50% of its time to EM/BCP related responsibilities	☐	☐

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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. **OAEM Member Number #**_____
5. **Witness:** a) Local Government Official (**OAEM** Member): _____
   b) Signature: _____ Title: _____
   Witness identity only – not verification of content

OAEM Enhancement Fee $282

After application processing, invoices will be sent by email.

Payment may be made by cheque, EFT or online through the link provided on the invoice.

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

Office Use

Jan 2025