



CMM Supplemental Application

Fire Training



A. Fire Training Specialist

Completed

Documented*

Office
Use

- 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**, OAFC, NFPA . . .)
 5. **Employment Experience** 5 years, full-time, **or** 7 years, volunteer, Training Officer

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 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**, OAFC, 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 OAFC/OFM working group
3. **ONE** {
 - a) 3x OAFTO/OAFC 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

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**



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*

Fire Training 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

Jan 2025