



CMM Supplemental Application

Police



A. Police Specialist

1. Courses listed are a sampling and not a complete list

		Completed	** Documented		Completed	** Documented
ONE	General Investigative Techniques (OPC) Supervisors Course Advanced Patrol Forensic Identification Collision Reconstruction Level III Homicide Senior Police Administration	<input type="checkbox"/>	<input type="checkbox"/>	Fraud	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Crime Prevention	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Administrative Courses	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Law Enforcement Admin	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			

2. OPC Promotional Exam Level 1 passed (Constable to Sergeant) Date: _____

3. 3 x days (24 hour minimum) OACP or professionally related conferences/workshops

4. Employment Experience 2 years in Specialty Unit (i.e. CIB, Community Service, etc.)

Title: _____ Employer: _____ Month _____ Year _____ to Month _____ Year _____*

** Documented: include copies of certificates/diplomas, agenda/transcripts where possible

* Provide detail if additional

B. Police Professional (above requirements and a CMM I level)

		Completed	Documented
ONE	a) Certificate/Diploma (one of; i. Public Admin, ii. Business Admin, iii. HR Mgmt)	<input type="checkbox"/>	<input type="checkbox"/>
	b) 6 x Univ/College courses (one of; i. Local Gov't, ii. Public Admin, iii. Mgmt and one job related)	<input type="checkbox"/>	<input type="checkbox"/>
	c) Equivalent (determined by OACP Training Committee)	<input type="checkbox"/>	<input type="checkbox"/>

2. OPC Promotional Exam Level 2 passed (Sergeant to Staff Sergeant) Date: _____

3. 5 x days (40 hour minimum) of OACP or professionally related workshops/conferences

4. Employment Experience 3 years in Police Services

Title: _____ Employer: _____ Month _____ Year _____ to Month _____ Year _____*

* Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application

** Provide detail if additional positions

C. Police Executive (above requirements and a CMM II)

		Completed	Documented		Completed	Documented
ONE	a) Executive Development in Policing (CPC) b) Police Leadership Program (Rotman) c) Law Enforcement Executive Development (FBI) d) FBI National Academy	<input type="checkbox"/>	<input type="checkbox"/>	e) Undergraduate Degree	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	f) Equivalent	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

2. ONE a) 6 x days OACP sponsored Seminars or Conferences
b) 2 x years participating on OACP Committee (s) or working group (s)

3. 10 x days (100 hour minimum) professionally related conferences/workshops

4. Employment Experience 2 years in a Senior Police position(s) and OACP member

Title: _____ Employer: _____ Month _____ Year _____ to Month _____ Year _____*

* Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application

** Provide detail if additional positions



**New applicants must attach their CMM Application
Complete all sections for accurate evaluation**



D. 1. Applicant: _____ Employer: _____

2. Phone: _____ E-mail: _____

** 3. Signature: _____ Date: _____

4. OACP Member Yes No **OACP Membership Required to be eligible for the Executive Level**

** 5. Witness: a) Police Services Official (OACP Member): _____ Service: _____

b) Signature: _____ Title: _____
-Witness identity only - Not verification of content

OACP Enhancement Fee \$293

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