



# CMM Supplemental Application

## Emergency Medical Services



### A. Emergency Medical Services Professional

- |  | Completed                | Documented*              |
|--|--------------------------|--------------------------|
| 1. Paramedic/Ambulance and Emergency Care Diploma/Certificate  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certification - Advanced Emergency Medical Care Assistant or equivalent   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ONE</b> { a) Certificate/Diploma (Public Admin, Business Admin or HR Mgmt)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) 4 x University/College courses (one of Local Gov't, Public Admin, Mgmt and/or job related, ie Advanced Care Paramedic certification)  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Equivalent (as determined by the OAPC Evaluation Committee)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 5 x days (30 hours minimum) OAPC or professionally related conferences/workshops  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <b>Employment Experience</b> <u>3 years</u> , 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.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>BOTH</b> { 2. 5 x days (40 hours minimum) Executive Development Seminars  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. 10 x days (60 hours minimum) OAPC or professionally related conferences/workshops   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 2 x OAPC Annual Fall Conferences (in the last 5 years)  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ONE</b> { a) Instruct/Present 3 x professionally related seminars or conferences  | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Author an article in a peer-reviewed journal  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Participate on an OAPC/EMS Chiefs of Canada Board, Committee or Working Group.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <b>Employment Experience</b> <u>10 years</u> , 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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**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. **OAPC Member**     Yes     No    **\*\*OAPC Membership Required to Apply\*\***
5. **Witness:** a) Municipal Official (OAPC Member): \_\_\_\_\_
- b) Signature: \_\_\_\_\_ Title: \_\_\_\_\_

### EMS 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

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