

# Certified Municipal Manager (CMM) Accreditation Program

## Features

- \* enhances marketability
- \* captures all education and experience
- \* managerial level of recognition
- \* detailed career needs analysis
- \* framework to focus development
- \* complements a professional designation
- \* legislated credential
- \* profession-specific enhancements



The CMM is the only management designation for all local government staff!

Accreditation Partner Associations offer profession-specific “enhancements” to the following professions:



## Checklist for CMM Applicants

Please note, it is crucial to provide all relevant documents corresponding to the checklist below to ensure a proper evaluation. Missing documentation may result in your application not being approved.

- Complete Application format for each numbered or lettered section
- Attach copies of transcripts and photocopies of degrees, diplomas or certificates for verification
- Attach copies of transcripts or lists of courses for pointing (if provided above, additional copy is not needed)
- Attach list of seminars with topic and **length(hrs/day)**
- Attach copies of conference registration(s) and agendas (highlight or circle specific sessions attended)
- Attach copies of agenda for association, single day, regional/zone meetings and multiple topic sessions
- Attach courses/seminars/lectures or presentations.
- Attach job description(s) for each job in the past ten years
- Attach a copy of your most recent resume
- Sign application
- Have witness sign – not as verification of content, but to verify identity
- Are you affiliated with any of our Accreditation Partner Associations below?  
You may be eligible for profession-specific enhancements to complement your CMM designation. *Contact our staff today to determine your eligibility.*





# Application for the **Certified Municipal Manager (CMM) Accreditation Program**

## Personal Information

Applicant Name: \_\_\_\_\_

Current Position Title: \_\_\_\_\_

Department: \_\_\_\_\_

Local Government: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred Address:  Work  Home (Please indicate)

Work Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Preferred Telephone:  Work  Home  Mobile (Please indicate)

Work Email: \_\_\_\_\_

# Application for the CMM

## Employment Experience



**Current Position Title:** \_\_\_\_\_

(Note: Document each position in the last ten years in the format below)

**1. Magnitude of Responsibilities**

**a) Staff:**

Number of Staff Supervised: Directly \_\_\_\_\_ Indirectly \_\_\_\_\_

Please indicate:

<u>Authority to</u>	<u>Approve</u>	<u>Recommend</u>
Approve Vacation		
Discipline		
Hire/Fire		
Recommend Wage Changes		
Approve Overtime		
Recommend Changes to Job Description		
Conduct/Sign Off Performance Appraisals		
Delegate Work		

**b) Budget:**

Actual Budget Responsibility (as per job description): \$ \_\_\_\_\_ or Approximate budget impacted: \$ \_\_\_\_\_

Authorized Spending Level: \$ \_\_\_\_\_

<u>Authority to</u>	<u>Approve</u>	<u>Recommend</u>
Preparation of Spending Estimates		
Monitoring		
Recommendations for Remedial Actions		

**2. Complexity of Job**

Reporting to... Title: _____	
Working Relationships Internal Departments (i.e. Clerks' Dept) (attach list of depts. if not in job description)	
Working Relationships External Agencies (i.e. Community Groups) (attach list if not indicated in job description)	
Major Job Functions	<b>**Please attach Job Description or Summary**</b>

**3. Duration of Employment:**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (in this position)

**4. Supervisor Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_



## Application for the CMM

### Employment Experience

**Previous Position Title:** \_\_\_\_\_

(Note: Document each position in the last ten years in the format below)

**1. Magnitude of Responsibilities**

**a) Staff:**

Number of Staff Supervised:      Directly \_\_\_\_\_ Indirectly \_\_\_\_\_

Please indicate:

<u>Authority to</u>	<u>Approve</u>	<u>Recommend</u>
Approve Vacation		
Discipline		
Hire/Fire		
Recommend Wage Changes		
Approve Overtime		
Recommend Changes to Job Description		
Conduct/Sign Off Performance Appraisals		
Delegate Work		

**b) Budget:**

Actual Budget Responsibility (as per job description): \$ \_\_\_\_\_ or Approximate budget impacted: \$ \_\_\_\_\_

Authorized Spending Level: \$ \_\_\_\_\_

<u>Authority to</u>	<u>Approve</u>	<u>Recommend</u>
Preparation of Spending Estimates		
Monitoring		
Recommendations for Remedial Actions		

**2. Complexity of Job**

Reporting to... Title: _____	
Working Relationships Internal Departments (i.e. Clerks' Dept.) (attach list of depts. if not in job description)	
Working Relationships External Agencies (i.e. Community Groups) (attach list if not indicated in job description)	
Major Job Functions	<b>**Please attach Job Description or Summary**</b>

**3. Duration of Employment:**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (in this position)

**4. Supervisor Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

# Application for the CMM

## Employment Experience



**2nd Previous Position \*\*\*If Necessary\*\*\***

(Note: Document each position in the last ten years in the format below)

Title: \_\_\_\_\_

**1. Magnitude of Responsibilities**

a) **Staff:** Directly \_\_\_\_\_ Indirectly \_\_\_\_\_

Number of Staff Supervised:

Please indicate:

<u>Authority to</u>	<u>Approve</u>	<u>Recommend</u>
Approve Vacation		
Discipline		
Hire/Fire		
Recommend Wage Changes		
Approve Overtime		
Recommend Changes to Job Description		
Conduct/Sign Off Performance Appraisals		
Delegate Work		

b) **Budget:**

Actual Budget Responsibility (as per job description): \$ \_\_\_\_\_ or Approximate budget impacted: \$ \_\_\_\_\_

Authorized Spending Level: \$ \_\_\_\_\_

<u>Authority to</u>	<u>Approve</u>	<u>Recommend</u>
Preparation of Spending Estimates		
Monitoring		
Recommendations for Remedial Actions		

**2. Complexity of Job**

Reporting to... Title: _____	
Working Relationships Internal Departments (i.e. Clerks' Dept.) (attach list of depts. if not in job description)	
Working Relationships External Agencies (i.e. Community Groups) (attach list if not indicated in job description)	
Major Job Functions	<b>**Please attach Job Description or Summary**</b>

**3. Duration of Employment:**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ (in this position)

**4. Supervisor Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

# Application for the CMM



## Employment Continued...

List any jobs held before the ten-year period:

<u>Job Title</u>	<u>Employer</u>	<u>Major Functions</u>	<u>Duration</u>

### 1. **Professional or Volunteer Contributions:**

Volunteer Director, Committee Member, or member of any local government or community group or Association  
(Not as a job requirement, please list Association, your position and how long for below)

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Special Awards for Local Government, Professional or Community contributions:  
(Please list below)

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Papers published or presented with management content:  
(Please list Organization and/or publication, date(s) and attach a copy if possible)

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Please comment on any other aspects of your background (i.e. Community Involvement) which you feel might be relevant:

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Seminars/Courses that you have taught/directed, offered by a local government, professional organization or educational institution: (Please list by topic, length and organization)

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## Application to the CMM

### Code of Ethics:

I agree to abide by and subscribe to the following principles and ethics in my professional

conduct:

- To conduct my public and private life to be an example embodying honesty and integrity;
- To indicate through my actions; a commitment to service, to community and to law and good governance
- To strive to constantly improve my skills and abilities through continued learning and professional development

*\*As adopted during the Board of Directors' Annual Meeting, June 11, 1999.*

**I understand the Institute reserves the right to investigate the authenticity of the information provided and will disqualify an applicant who has willfully provided false information.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application is to be witnessed by a senior local government official:

Witness Name (please print): \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referred or introduced to the CMM Accreditation program by (optional):

Name: \_\_\_\_\_

**\*\*\*Please ensure that you have ALL documentation required on the checklist from page 6 before submitting your application.**

**\*\*\*Incomplete or missing documentation may result in a delay in CMM recommendation.**

Activity	OMMI	Other
Voluntary Committee Participation	4 pts/year	3 pts/year
University/College Course	--	3 pts/semester
Conference Presentation*	2 pts	2 pts
Seminar/Workshop*	1 pt/day	0.5 pt/day
Professional Conference*	1 pt/day	0.5 pt/day
Association Annual Meeting	1 pt/day	0.5 pt/day
CMM Luncheon	0.5 pt	--
Newsletter or Publication Article	2 pts	2 pts

### **\*Academic Points**

**Emai to [info@ommi.on.ca](mailto:info@ommi.on.ca) OR submit by mail with supporting documents and appropriate fee to:**

**Ontario Municipal Management Institute  
Suite 267, 6-470 King Street West  
Oshawa ON L1J 2K9**

**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.**

**Ontario Municipal Management Institute**

**905 434 8885**

**[info@ommi.on.ca](mailto:info@ommi.on.ca) | [@OMMIconnect](https://www.instagram.com/OMMIconnect)**



**[www.ommi.on.ca](http://www.ommi.on.ca)**



## Policies and Services



Note: Evaluation Committees, from our Accreditation Partner Associations, recommend the CMM “enhancements” to the CMM Committee. Committee Chairs are also members of our CMM Committee to ensure the continuity of the program.

- 1) **Code of Ethics:** (*Adopted during the Board of Directors Annual Meeting, June 11, 1999.*)  
 Upon application members agree to abide and subscribe to the following principles and ethics in their professional conduct;
  - To conduct public and private life to be an example embodying honesty and integrity;
  - To indicate through actions; a commitment to service, to community, and to law and good governance;
  - To strive to constantly improve skills and abilities through continued learning and professional development.
- 2) **Eligibility:** Members must have a minimum of one year in a local government line position, at some point of their career, to qualify.
- 3) **Annual Renewal:** To maintain the right to use their CMM, annual renewal is required.
- 4) **Career Guidance:** Members may update at anytime. A processing fee applies when members accumulate enough points to change their CMM level. Minor changes may be identified in a letter or email. Academic and Employment Experience updates are submitted in writing with supporting documentation, where possible. Members will be notified, in writing, as to the recommended value of any updates submitted. Employment Experience updates for a new position should provide detail in the format of original application (Staff, Budget, Reporting Relationships, Job Description, and Duration).
- 5) **Information and Counselling Services:** Available to members, on a request basis, and may be directly linked to their point or subject requirements, to advance in the program. Members are encouraged to keep a record of seminars and courses attended (brochures, course outlines, etc) for clarification and verification.
- 6) **Evaluation:** A completed application results in a detailed evaluation, identifying current education and experience point levels, in respect to the four levels of CMM. The recommendation identifies the number of points or subject areas needed to progress. (See CMM Member Evaluation example for detail.) Members may update and request, at any time, specific guidance on courses or seminars, from any source available, to achieve the required points to advance.
- 7) **Process:** Application received → detail confirmed to member → evaluation to P&A Committee (meets 3 times/year) → Committee member calls/emails to congratulate → package couriered to member (includes detailed evaluation and recommendation).
- 8) **CMM Enhancements:** Accreditation Partnerships, with seven professional associations, now offer profession-specific “enhancements” for our respective members. These opportunities, developed and verified by our Partner Associations, provide a member recognition and career guidance in their chosen profession. Each “enhancement” has a Supplemental Application to be submitted with, or following, the CMM application (See web site).

## Program Features

The Program recognizes and develops management capabilities of Ontario’s local government administrators. It provides a working framework to assess management experience and education relevant to local government, with specific direction to advance.

(See *Sample CMM Member Evaluation for detail.*)

### A. Academic Achievement Component *(Detailed sub-topic list available on the website)*

#### 1. Core Curriculum

- a) Subject Areas: Financial & Information, Human Resources, Local Government, Public Policy, and Basic Skills.
- b) Courses, seminars, and conference topics are pointed by length.
  - 2 semesters (60 to 90 hours) = 6.0 points
  - 1 semester (30 to 45 hours) = 3.0 points
  - Conference sessions < 3 hours are accumulated in common topic areas to achieve a 3 hr min = 0.25 point
  - OMMI / Accreditation Partner seminars (6 hours) = 1.0 point, (3 hours) = 0.5 point
  - Other seminars/workshops/presentations (6 hours) = 0.5 point, (3 hours) = 0.25 point
  - General education not in the core curriculum (30hrs) = 0.5 point
  - Theory gained in small groups/one-on-one instruction may be credited based on cumulative length/hrs (ie. IH computer training)

#### 2. Point & Subject Level Requirements and Compulsory Subject Level Requirements *(detailed on web site)*

### B. Employment Experience Component *(See Point Index on website for specific point values)*

#### 1. Magnitude of Responsibility

Points are awarded based on the actual numbers of staff and size of budget. The CMM II and III level require, in a member’s career, responsibility for a minimum combination of the elements of both staff and budget listed below at c).

##### A) Staff Responsibility

- a) vacation
- b) discipline
- c) wage changes
- d) hire/fire
- e) job description changes
- f) conduct/sign off appraisals
- g) delegate/supervise work
- h) time off/overtime

##### B) Budget Responsibility

- a) actual responsibility
- b) preparation of estimates
- c) monitoring
- d) remedial recommendations
- e) spending authority

##### C) Requirements

	CMM II	CMM III
Staff	3/8	5/8
Budget	2/5	3/5

2. **Complexity of Job Functions:** a) Reporting Relationships, b) Working Relationships (internal / external), c) Range of Job Experience
3. **Duration of Employment** (in each position).
4. **Range of Career Experience:** Considers the growth in a member’s responsibilities and function over the course of a career to date.
5. **Professional / Community Contributions:** Considers an administrator’s voluntary involvement in local government organizations and includes teaching in the field and publication of papers or presentations. Volunteer community involvement is also recognized.

## Frequently Asked Questions

### 1. How much supporting documentation do I need?

- Copies of certificates/transcripts are not essential for every course or seminar, but all need to be listed to be given points.
- Marked conference agendas are helpful to receive full credit ---- most associations/conferences are able to forward copies to members.

### 2. Why copies of transcripts?

- They provide a complete list from a degree/diploma.
- Also used for verification.

### 3. How long does it take to be accredited?

- Process timings vary depending on completeness of application when received.
- P&A Committee meets 3-4 times/year to award new designations and updates to members advancing.
- If application arrives a week prior to a meeting and is generally complete, it will go to the meeting (members advised of next meeting upon receipt).
- If received just after a meeting it may take up to 90 days. Special meetings are called, as necessary, to maintain a level of service to members.

### 4. Who recognizes it?

- Recognized by Provincial statute through a Private Member's Bill.
- 1600 awarded in over 400 local governments, throughout Ontario, all levels of staff and 30 professions.
- Currently, 7 Accreditation Partner Associations recognize it, providing their own profession-specific enhancements to the CMM.

### 5. What does "membership" include?

- A detailed, complete evaluation with a Recommendation identifying points or subject areas needed to advance, where appropriate.
- Congratulatory letter for you, your supervisor and your Head of Local Government (distribution is member's discretion).
- Calligraphed certificate with the number of medallions indicating level of achievement.
- Lapel pin matching level of achievement.
- Member's only, specially-designed, certificate frame, available to purchase, fully matted, and accessible add medallions or "enhancement" insignia.
- Update additional training or supplemental experience to increase points and advance.
- Request specific information on seminars and courses available to advance in the program.
- Forward prospective conferences/courses or seminars to be "point precededent" to determine impact on member's standing.

### 6. How many courses do I have to take?

- It is not a prescribed requirement of courses and seminars.
- It credits all your current education and employment.
- Provides a level of achievement and requirements to advance.

### 7. What if I haven't kept track of education (records)?

- Members list and document to the "best" of their recollection.
- Members will be advised if additional documentation for pointing or verification is required.