



CMM Supplemental Application Security Administrator



A. Security Specialist (CMM required)

- | | Completed | Documented* |
|--|--------------------------|--------------------------|
| 1. Post-Secondary Certificate/Diploma or equivalent | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Two of the following (Minimum two days each): | | |
| a) BEM & IMS 100 | | |
| c) OPC Supervisor related or equivalent | | |
| e) NaBITA Including SIVRA - 35 | | |
| b) CPTED – Basic Level One | <input type="checkbox"/> | <input type="checkbox"/> |
| d) VRTA – Level One | | |
| f) Proactive Resolutions | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. OACUSA Institutional, Associate or Affiliate Member | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attend 1 OACUSA Conference | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 3 days (24 hrs) of professionally related workshops/conferences | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Employment Experience <u>2 years</u> , full-time or equivalent management position in a safety related field | <input type="checkbox"/> | <input type="checkbox"/> |

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. Security Professional (CMM II required)

- | | Completed | Documented* |
|--|--------------------------|--------------------------|
| 1. a) Post-Secondary Certificate/Diploma (Police/Security Related, Business Adm/Mgt or equivalent) | <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | |
| b) ASIS PSP or ASIS PCI | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Advanced Threat Assessment, Two of: | | |
| a) VRTA – Level Two | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Proactive Resolutions | <input type="checkbox"/> | <input type="checkbox"/> |
| c) NaBITA Written Word Assessment | <input type="checkbox"/> | <input type="checkbox"/> |
| d) CPTED – Advanced Level Two | <input type="checkbox"/> | <input type="checkbox"/> |
| e) IMS 200 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. OACUSA Institutional or Associate Member | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Attend 3 OACUSA Conferences | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. 5 days (40 hrs) of professionally related workshops/conferences | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Employment Experience , <u>5 years</u> , full-time (or equivalent) management position in a post-secondary setting | <input type="checkbox"/> | <input type="checkbox"/> |

Title: _____ Employer: _____ Start (MM/YY): _____ to _____

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C. Security Executive (CMM III required)

- | | Completed | Documented* |
|--|--------------------------|--------------------------|
| 1. a) Post-Secondary Degree | | |
| (Business/Management, Social Sciences or equivalent at the discretion of the OACUSA Executive Committee) | <input type="checkbox"/> | <input type="checkbox"/> |
| OR | | |
| b) ASIS CPP, CPC SPAC or accredited Executive level training | | |
| (i.e. Rotman Executive Program, Niagara Institute Executive Leadership Program) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Executive or Director position within OACUSA for a term | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. OACUSA Institutional or Associate Member | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 10 days (80 hrs) of professionally related workshops/conferences | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Submission of a multi-year Strategic Plan or complex business plan prepared by the Applicant | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Employment Experience <u>10 years</u> full-time (or equivalent) in Senior management position | | |
| (minimum 5 years in a post-secondary setting) | <input type="checkbox"/> | <input type="checkbox"/> |

Title: _____ Employer: _____ Start (MM/YY): _____ to _____

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- D. 1. Applicant: _____ Employer: _____
2. Phone: _____ E-mail: _____
3. **Signature:** _____ **Date:** _____
4. **OACUSA Member Number #** _____ **** Minimum 2 years as an active OACUSA Member to Apply****
5. **Witness:**
- a) Local Government Official (**OACUSA** Member): _____
- b) Signature: _____ Title: _____
- *Witness identity only – not verification of content*

Fee: \$189 (includes CMM & OACUSA Enhancement) HST Exempt.

Cheque payable to OMMI or VISA _____ Exp / / Name on Card: _____ Corp Personal

Mail/Courier application to 618 Balmoral Drive, Oshawa, ON L1J 3A7

New Applicants Must Attach their CMM Application, Complete all sections for an accurate evaluation

Office Use