Application Form
Certified Public Manager® Program

The Idaho Certified Public Manager® Program is a nationally accredited, comprehensive program that challenges participants to be innovative, resourceful, and high-achieving managers and leaders.

Part 1: Contact Information

Name: _____

Work Phone: _____

Government Entity: _____

Cell Phone: _____

Current Position: _____

Work Email: _____

Dept./Division: _____

Work Address: _____

City: _____

Please select which track location you are applying for:

☐ Boise (Fall 2015)

☐ East (Fall 2015)

Part 2: Work Experience (Please read carefully)

List all positions you have held within the last five (5) years, with a *short* description of duties and responsibilities.

Position/Agency	Duties	Dates Held

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Part 3: Enrollment Eligibility

The CPM applicant must meet one of the following enrollment eligibility requirements. Please mark the description that best matches your qualifications.

- ☐ I am currently a supervisor or manager.
- ☐ I am a program manager responsible for technical or professional support.
- ☐ I am an individual identified by my agency as showing potential for advancement into management.

Part 4: Pre-requisite Credit

CPM applicants can qualify for enrollment by meeting the criteria for **one** of the four pre-requisite categories listed below. Please indicate under which category you are applying for pre-requisite credit.

☐ Category I: Supervisory/Management Training

I have completed a minimum of 30 hours of supervision or management training within the last seven years. The classes should meet the prescribed content listed on the CPM website. Note: Completion of the DHR Supervisory Academy falls under this category.

Please list the relevant training and the year of completion.

_____

☐ Category II: Education

I have completed a related higher degree within the last 15 years. A list of related degrees can be found on the CPM website.

Degree: _____ University: _____

Date Completed: _____

☐ Category III: Experience

I have a minimum of two years as a supervisor or manager which required performing the functions of performance management.

Please use the space below to explain how you meet the criteria.

_____

☐ Category IV: Supervisory Endorsement

My supervisor is endorsing me by providing written documentation of the my aptitude, motivation and commitment, using the components found on the CPM website. I am submitting the endorsement as a separate document.

Part 5: Motivation for Enrollment

Reflect on your motivation for CPM participation and write 1-2 pages on the following:

- Describe what you hope to gain for yourself and your agency as a CPM candidate.
- Describe an occasion in your work career that gave you the opportunity to demonstrate your ability to assume leadership.

Please submit as a separate document.

Part 6: Signatures

The Certified Public Manager® Program is designed for supervisory/managerial personnel; however, an organization may grant approval for a non-supervisory employee to attend if that employee has been identified as a potential supervisor or manager or someone with leadership potential.

Approval of the Certified Public Manager® application indicates a willingness on the part of the organization to allow the employee to complete all requirements for the certification to include Levels I-V and the Capstone Project.

Authorization for Enrollment

Applicant

To participate in the program, I _____ , am applying for the enrollment in the Idaho Certified Public Manager® Program. I understand that it is a rigorous program and will require a substantial time commitment over a 24-30 month period.

Applicant's Signature: _____ Date: _____

Agency

To participate in the program, I _____ , understand this candidate will require release time for class attendance, agency financial support, travel to training site, and completion of a work-related Capstone Project during a 24-30 month period.

Supervisor's Signature: _____ Date: _____

Agency/Authorized Official: _____ Date: _____

Title of Agency Official: _____

Billing Contact Name: _____ Contact Phone Number: _____

Email: _____

All signatures, application and admission materials are necessary for your application to be accepted. Submit your application to your agency CPM Coordinator/HR. He or she will process applications and submit them to the CPM Program Manager, Division of Professional-Technical Education, 650 W State Street, Boise, ID 83720-0095. Scan and submit completed applications and related documents by May 2, 2015, to alexis.pickering@pte.idaho.gov.

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