

**North Carolina  
Certified Public Manager® (CPM) Program  
Application Form**

**Deadline: March 30, 2019**

FIRSTNAME \_\_\_\_\_ LASTNAME \_\_\_\_\_ MI \_\_\_\_

STATE AGENCY/UNIVERSITY OR LOCAL GOVERNMENT ORGANIZATION

INSTITUTION/DIVISION \_\_\_\_\_

WORK/JOB TITLE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

*INTEROFFICE/MSC #* \_\_\_\_\_

*or COURIER* \_\_\_\_\_

*or US MAIL (if no COURIER)* \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ EXT \_\_\_\_\_ FAX # \_\_\_\_\_ (ZIP) \_\_\_\_\_

SPECIAL NEEDS Visual \_\_\_\_\_ Hearing \_\_\_\_\_ Mobility \_\_\_\_\_ Other \_\_\_\_\_

(Please specify)

**I. PAST SUPERVISORY/MANAGEMENT TRAINING**

Course/Program

Date Completed

Provider

Course/Program	Date Completed	Provider

II. **MANAGERIAL EXPERIENCE:** Please review the CPM Selection Guidelines AND attach to this application your typed responses to the following questions. Use as many additional sheets as necessary to provide as complete an explanation as possible.

- Describe your role in recommending, formulating, interpreting and/or implementing policy and procedures.
- Why do you want to participate in the CPM Program?

III. **COMMITMENTS**

A. **NOMINEE:** As an applicant for admission to the CPM Program, I have read and understand the CPM Program requirements. I COMMIT TO:

- actively engage in the learning process by fully participating in all parts of the CPM Program;
- attend all scheduled CPM Program class sessions;
- complete each pre- and post-class assignment in the specified time frame, including but not limited to online course work and meetings; **AND**
- apply CPM competencies back on the job.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

B. **NOMINEE'S Immediate Supervisor.** I COMMIT TO:

- support the nominee's full participation in the CPM Program;
- encourage and support the nominee's application of CPM competencies on the job, and provide feedback about his/her performance; **AND**
- include participation in the CPM Program as part of the nominee's work plan until the program is completed, including providing paid work time for completion of all CPM Program requirements.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

C. **EXECUTIVE MANAGEMENT ENDORSEMENT:** This nominee has our full endorsement and support to participate in the CPM Program. This organization will pay CPM Program registration fees and this nominee's related travel expenses (at existing subsistence rates, including mileage between the work site and the classroom sessions in Raleigh), provide paid work time for CPM Program activities and make available all reasonable staff resources to enable the nominee to complete all CPM Program requirements.

**ELECTED/APPOINTED STATE GOVERNMENT AGENCY HEAD/CHANCELLOR OR DESIGNEE  
OR LOCAL GOVERNMENT ORGANIZATION HEAD OR DESIGNEE**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

I have read and verify the descriptions of the nominee's managerial role and concur with the reasons the nominee gives regarding his/her meeting the guidelines for enrollment in the CPM Program.

**D. AGENCY/UNIVERSITY/ORGANIZATION TRAINING COORDINATOR CERTIFICATION**

I CERTIFY THAT THE NOMINEE:

1. Has successfully completed THE Advanced Skills for Managers (ASM) course with a minimum examination score of 90%, **OR** is scheduled to do so prior to the first CPM Program class meeting.

**Date Completed or Scheduled for Completion** \_\_\_\_\_

2. **Has successfully completed** or is scheduled to complete High Performance Coaching co-requisite programs by its designated due date per the CPM Selection Guidelines

**Date Completed or Scheduled for Completion:** \_\_\_\_\_

**AGENCY/UNIVERSITY/ORGANIZATION TRAINING COORDINATOR**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**REGISTRATION FEE. Total cost \$1400 per participant, payable by state agency/university or local government organization upon receipt of invoice from CPM Program. Funds must be received at least 30 days prior to first CPM classroom session.**

Chief Fiscal Officer or Designee Responsible for Receipt AND Payment of CPM Program Invoice for this Applicant:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

## SCHEDULE OPTIONS FOR CPM CLASS ENTERING JULY 2019

The first module in the Certified Public Manager® (CPM) Program is called the Management Development Planning Workshop (MDPW). All participants **must complete** the MDPW workshop **prior** to other modules. Each MDPW is limited to 12 participants per class.

Please enter “**NO**” in the box next to any dates you absolutely **CANNOT** attend a MDPW session, and enter “**YES**” for any dates you **CAN** attend a MDPW class. **NOTE:** If you leave a box **BLANK** next to a date, we will assume you **CAN** attend that class. As you can see below, the MDPW classroom sessions you choose and are subsequently assigned to attend will determine your remaining CPM Program schedule (classroom sessions every quarter). We will send your class schedule for the entire CPM Program to you with your program acceptance e-mail **after April 15, 2019**.

### COHORT A

<input type="checkbox"/>	<b>July 10-12, 2019</b>	
<input type="checkbox"/>	<b>July 24-26, 2019</b>	

If you choose one of the July MDPW's for Cohort A, classroom sessions for each of your other modules are scheduled every quarter until CPM is completed.

Example:

October, 2019 (no confirmed dates)  
January, 2020 (no confirmed dates)  
April, 2020 (no confirmed dates)

### COHORT B

<input type="checkbox"/>	<b>August 7-9, 2019</b>	
<input type="checkbox"/>	<b>August 21-23, 2019</b>	

If you choose one of the August MDPW's for Cohort B, classroom sessions for each of your other modules are scheduled every quarter until CPM is completed.

Example:

November, 2019 (no confirmed dates)  
February, 2020 (no confirmed dates)  
May, 2020 (no confirmed dates)

### COHORT C

<input type="checkbox"/>	<b>September 4-6, 2019</b>	
<input type="checkbox"/>	<b>September 18-20, 2019</b>	

If you choose one of the September MDPW's for Cohort C, classroom sessions for each of your other modules are scheduled every quarter until CPM is completed.

Example:

December, 2019 (no confirmed dates)  
March, 2020 (no confirmed dates)  
June, 2020 (no confirmed dates)

Training Coordinators must complete & return applications

To Dr. Reed Altman, CPM Program Director

by **March 30, 2019** :

Scan & email: Reed.Altman@nc.gov

Hand deliver: Learning and Development Center

101 W. Peace St., Raleigh, NC 27609