



## **STATE OF NEW JERSEY CERTIFIED PUBLIC MANAGER PROGRAM INSTRUCTION SHEET**

Dear CPM Candidate:

Thank you for applying to the State of New Jersey Certified Public Manager Program. Your application should include the following:

- Application Form HR1-CPM

### Applicant Information

Please provide full name, email address, employee ID, job title, mailing address and phone numbers. Your department/agency/jurisdiction, division/unit, work address and work phone number are also required.

Please indicate if any accommodations are needed to assist you in completing the program.

Select your first and second training location preference.

Select the highest level of education you have obtained.

### Experience

Provide the total number of years you worked as a supervisor/manager and your total number of years in public employment.

Please indicate if you currently supervise staff.

If you do not currently supervise staff but, are responsible for managing, coordinating, or overseeing a program area that has significant impact beyond your division or unit, please describe this responsibility. Add additional sheets if necessary.

### Approvals

Supervisory and departmental approval is required including title, printed name, signature, and date.

MindLeaders Catalog (Optional):

We strongly recommend that you take the following courses to help you prepare for participation in the CPM program. The courses are part of the MindLeaders eLearning Online Catalog. For a nominal fee, you will have access to over 2000 professional development courses that will assist you throughout the duration of the program.

Please check the box at the bottom of the application form if you are interested in the MindLeaders Online catalog.

Supervisor Statement of Approval:

Please have your supervisor complete this form. Additional pages may be added if necessary. The form must contain the CPM applicant's name, supervisor's signature, date, and supervisor's title.

Applicant Statement of Commitment:

This form must contain your signature, printed name, date and title.

The information provided should be legible and filled out correctly. Failure to provide all the requested information will delay processing your application.

If you have any questions or concerns about the application package, please contact Tira McCants at (609) 777-1599.



# CPM APPLICATION

## NEW JERSEY CERTIFIED PUBLIC MANAGER PROGRAM

STATE OF NEW JERSEY CIVIL SERVICE COMMISSION  
DIVISION OF ADMINISTRATION AND TRAINING  
44 South Clinton Avenue  
PO Box 318, Trenton, NJ 08625-0318  
Phone: (609)777-1599, Fax: (609)984-4081

### APPLICANT

Name: (Last, first and middle initial)

Email Address:

Employee ID#: (not SS#)

Department / Agency / Jurisdiction:

Job Title:

Division / Unit:

Mailing Address:

Work Address:

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Check here if you need an accommodation to assist in completing training

Please indicate your first & second location choice:

Trenton \_\_\_\_\_ Camden \_\_\_\_\_ Newark \_\_\_\_\_ New Brunswick \_\_\_\_\_

#### EDUCATION (Select highest level completed)

- High School     
  Some College     
  Associate     
  Bachelor  
 Some Post Graduate     
  Doctorate     
  Masters     
 Area of Study: \_\_\_\_\_

### EXPERIENCE

Total years Supervisory / Management experience:

Total years of Experience in Public Employment:

Do you currently supervise staff? \_\_\_\_\_

\*If no, are you responsible for managing, coordinating or overseeing a program area that has significant impact beyond your division or unit? \_\_\_\_\_

\* If yes, please describe this responsibility. (Add additional sheets if necessary)

### APPROVAL

#### Supervisory Approval

TITLE: \_\_\_\_\_

Printed Name

Date

(Signature) \_\_\_\_\_

#### Departmental Approval

TITLE: \_\_\_\_\_

Printed Name

Date

(Signature) \_\_\_\_\_

Check here if you are interested in the MindLeaders eLearning Course Catalog.



**NEW JERSEY CERTIFIED PUBLIC MANAGER PROGRAM  
LETTER OF COMMITMENT**

CIVIL SERVICE COMMISSION  
DIVISION OF ADMINISTRATION & TRAINING  
44 South Clinton Avenue  
P.O. Box 318, Trenton, NJ 08625-0318

**Supervisor Statement of Approval**

Please provide a brief statement describing why your employee is a good candidate for the CPM program. The statement should focus specifically on the applicant's current skills, knowledge, abilities, and professional experience reflective of the CPM mission and eligibility requirements.

(Please attach additional sheets if necessary)

**Name of Candidate:** \_\_\_\_\_

This employee has the capability to participate in a rigorous professional development program and perform their current job responsibilities in a proficient manner. I will encourage his/her professional development throughout the program.

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



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LETTER OF COMMITMENT**

CIVIL SERVICE COMMISSION  
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44 South Clinton Avenue  
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**Applicant Statement of Commitment**

CPM Applicant:

I hereby express my intent to fulfill the requirements of the CPM program. I recognize that my participation will require time away from work and participation in professional development activities. I commit to take full advantage in applying the methodologies and techniques covered throughout the program to enhance the mission and goals of my organization. I fully commit to:

- Complete all components of the program
- Meet all course requirements
- Complete all program hours and complete the final CPM project
- Respect and adhere to the specified time frame for all assignments
- Actively engage in the learning process
- Apply the skills learned through the CPM program in my work environment

\_\_\_\_\_  
**Signature**                      **Print Name**                      **Date**

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