

New Jersey Certified Public Manager (CPM) Program Application Instruction Sheet

Thank you for your interest in the Certified Public Manager (CPM) Program. Consideration for enrollment in the CPM Program requires submission of the following information:

- Completed Application form
- Professional Resume
- Personal Statement –Prepare a short essay (one to two typed double-spaced pages).
Question: **Why are you interested in applying to the NJ Certified Public Manger Program?**
- Supervisor Statement of Approval

Failure to provide the requested application and supplemental information will delay the review of your CPM application.

Approved applicants will receive the CPM Applicant Statement of Commitment form to complete and return to the Civil Service Commission, State CPM Coordinator prior to the start date of the program.

Submit all required information to the attention of Tira McCants at NJCPM@csc.nj.gov or mail to State CPM Coordinator at 44 South Clinton Avenue, P.O. Box 318, Trenton, NJ 08625.

If you have any questions or concerns, please contact Tira McCants at (609) 690-8037 or tira.mccants@csc.nj.gov.



CPM APPLICATION

NEW JERSEY CERTIFIED PUBLIC MANAGER PROGRAM

STATE OF NEW JERSEY CIVIL SERVICE COMMISSION

44 South Clinton Avenue

PO Box 318, Trenton, NJ 08625-0318

Phone: (609) 690-8037 Fax: (609) 777-2336

APPLICANT INFORMATION

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 if you need an accommodation to assist you in completing training.

Please indicate your location choice:

North _____ Central _____ South _____ Virtual _____

Education: (Select highest level completed)

High School Diploma or GED Associates Degree Bachelor's Degree

Master's Degree Doctorate Degree Major Area of Study: _____

APPLICANT EXPERIENCE

Total number of years in a Supervisory / Management position:

Total number of years in Public Employment:

Employer Type: State County Local Federal Non-profit Other (Explain) _____

Do you currently supervise staff? Yes No

If yes, please explain your specific responsibilities in the space below. (Add additional sheets if necessary)

Are you responsible for managing, coordinating or overseeing a program area that has significant impact beyond your division or unit?

Yes No

If yes, please explain your specific responsibilities in the space below. (Add additional sheets if necessary)

APPROVAL

Supervisory Approval TITLE:

Departmental Approval TITLE:

Printed Name *Date*
(Signature) _____
Email Address _____

Printed Name *Date*
(Signature) _____

