



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 <u>CPM Applicant Statement of Commitment</u> 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 <u>NJCPM@csc.nj.gov</u> 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:	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? \Box Yes \Box No			
If yes, please explain your specific responsibilities in the space below. (Add	l additional sheets if necessary)		
If yes, please explain your specific responsibilities in the space below. (Add Are you responsible for managing, coordinating or overseeing a program a Yes No If yes, please explain your specific responsibilities in the space below. (Ad	rea that has significant impact beyond your division or unit?		
APPROVAL			
Supervisory Approval TITLE:	Departmental Approval TITLE:		
Printed Name Date (Signature)	Printed Name Date		
Email Address	(Signature)		





STATE OF NEW JERSEY CERTIFIED PUBLIC MANAGER PROGRAM Supervisor Statement of Approval

Please provide a brief statement describing why the employee is a viable candidate for the CPM program. The statement should focus specifically on the applicant's current skills, knowledge, abilities, and professional experience as aligned with the CPM Program's mission and eligibility requirements.

(Please attach additional sheets if necessary)

Name of Candidate:	 	
(Please Print)		

I am confident that the above-mentioned candidate can participate in a rigorous professional development program while performing their current job responsibilities in a competent manner.

Signature	Print Name	Date
Title:		