



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

Thank you for your interest in the NJ 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 Manager 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 and CPM Student Information Release forms to complete and return to the Civil Service Commission, NJ CPM Coordinator prior to the start date of the program.

Submit all required information to the attention of Tira McCants, NJ 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) 777-1599 or NJCPM@csc.nj.gov.

2018 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)777-1599 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: _____
Cell Phone: _____	Work Phone: _____

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

Please indicate your location choice:
 North Central South

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 the public sector:
Employer Type: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Local <input type="checkbox"/> Federal <input type="checkbox"/> Non-profit <input type="checkbox"/> 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:

Printed Name

Title

Date

Signature: _____

Departmental Approval:

Printed Name

Title

Date

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 NJ CPM program. The statement should focus specifically on the applicant's current skills, knowledge, abilities, and professional experience as aligned with the NJ CPM Program's mission and eligibility requirements.

(Add additional sheets if necessary)

Name of Candidate:
(Please Print)

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

Signature:	Print Name:
Title:	Date: