



## **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, 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) 777-1599 or [tira.mccants@csc.nj.gov](mailto: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)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: _____	
<input type="checkbox"/> Check if you need an accommodation to assist you in completing training.	
Please indicate your location choice: North _____ Central _____ South _____	
Education: <i>(Select highest level completed)</i>	
<input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> 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: <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 TITLE:**

**Departmental Approval TITLE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Printed Name* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Printed Name* \_\_\_\_\_ *Date*

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

(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 is capable of participating in a rigorous professional development program while performing their current job responsibilities in a competent manner.

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

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