



STATE OF NEW JERSEY CERTIFIED PUBLIC MANAGER FINISHER PROGRAM INSTRUCTION SHEET

Dear CPM Finisher Candidate:

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

- Application Form HR1-CPMF:

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 is also required.

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

Select your first and second training location preference.

Select the highest level of education you have obtained.

Experience

Indicate the specific start date and completion date of the CPM program you attended.

Note: You must have completed CPM Levels I, II and III and received the Supervisory Certificate in Management.

Provide the total number of years you have worked as a supervisor/manger.

Approvals

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

MindLeaders Courses (Optional):

We strongly recommend you obtain a subscription to 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 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.



**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 **Finisher** 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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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: _____