



RUTGERS-NEWARK
**School of Public Affairs
and Administration**

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 forms** – pages 2 & 3 - Please complete each section of the application forms completely.

- Application Information
- Applicant Experience
- Approval
- Supervisor Statement of Approval

Do you currently supervise staff - If you indicate yes, in the first question, your answer should provide work tasks that reflect your supervisory responsibility.

If you indicate yes, you oversee a program that has significant impact beyond your agency/department/division, please provide specific work responsibilities that reflect the impact outside of your agency/department.

- ☐ **Supervisor Statement of Approval** – A statement that demonstrates supervisory endorsement for the applicants' participation in the program and the applicant's capacity to fulfill the program's requirements while achieving their work responsibilities.
- ☐ **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?**
- ☐ **Professional Resume** – In addition to your work history, your resume should reflect current work responsibilities.

Failure to provide the requested application, approvals and supplemental information will delay a 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 payment method: Department/Agency funded ☐ Self-pay ☐

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:

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:

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

Departmental Approval TITLE:

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

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: _____

Email Address: _____