



## 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 at [NJCPM@csc.nj.gov](mailto: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](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) 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:
CELL PHONE:	

<input type="checkbox"/> CHECK IF YOU NEED AN ACCOMMODATION TO ASSIST YOU IN COMPLETING TRAINING.
PLEASE INDICATE PAYMENT METHOD:    DEPARTMENT/AGENCY FUNDED <input type="checkbox"/> SELF-PAY <input type="checkbox"/>
PLEASE INDICATE YOUR LOCATION CHOICE: NORTH _____                  CENTRAL _____                  SOUTH _____                  VIRTUAL _____
EDUCATION: (SELECT HIGHEST LEVEL COMPLETED) <input type="checkbox"/> HIGH SCHOOL DIPLOMA OR GED <input type="checkbox"/> ASSOCIATES DEGREE <input type="checkbox"/> ASSOCIATES 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:

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:

EMAIL ADDRESS:

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