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Application for the 2019-2021 Colleague Group of The Wisconsin Certified Public Manager® Program

Program held Nov-Jan 2019; Mar-Dec 2020; Feb-April 2021 at the Madison Water Utility

Visit: https://continuingstudies.wisc.edu/cpm-colleague-groups/ for schedule.

Name _____

Position _____

Agency _____

Mailing Address**

_____
Street /PO Box City State Zip

Phone _____ _____
Work Alternate: ◯ Home ◯ Cell (please check)

FAX _____ E-mail _____

** If State agency, please list *both* Inter-departmental address *and* USPS address.

Supervisory Experience

☐ I currently hold a supervisory position.
☐ I previously held (a) supervisory position(s).

Previous Positions _____

_____

If you are unable to check either box, your supervisor must complete additional recommendation on back of this form.

Other Public Sector Oriented Experiences (e.g., work in non-profits, participation in political or special interest groups, volunteer work, etc.)

_____

_____

Education Institution Name & Location | Degree/Diploma Major/Specialization | Year

_____

_____

_____

The following information is collected to enhance the programming efforts at UW-Madison and is voluntary.

GENDER: ◯ Female ◯ Male ☐ I have a disability

BIRTHDATE: _____ Month _____ Day _____Year

ETHNICITY: ☐ American Indian/Alaska ☐ Asian/Pacific Islander ☐ Black/African American
☐ Hispanic/Latino ☐ White ☐ Other/Two or More

(continued next page)

Required Supervisory Training

Phase I of the CPM Program requires 60 hours of supervisory training. You may have taken this training prior to enrollment in the CPM Program. Please list below past supervisory training taken at any time in your career. Approved training may include university credit or non-credit courses, state-sponsored classes—including required supervisory training, training offered by your unit, vocational/technical classes, and professional training seminars that focus on supervision. Topics could include:

The Personnel System
Introduction to Supervision/Role of Supervisor
Motivation/Coaching and Counseling
Performance Planning and Evaluation
Planning/Goal Setting for the Work Unit
Group Process/Group Decision Making/Teambuilding
EEO/Affirmative Action
Delegation
Conflict Management
Discipline/Grievance
Basics of Decision Making and Problem Solving
Leadership/Interpersonal Communication/Understanding others
Time Management
Leading Meetings

Date	Title of Course	Location/Offeror	# of hrs.

(attach additional sheet if needed)

Required Professional Development Electives

The CPM Program also requires 18 hours of *other* professional development training. Please list below (in the same format as above) any professional training taken within the past year. If you list less than 18 hours, you may complete this requirement while completing your CPM certification.

(attach additional sheet if needed)

APPLICANT ESSAY

Please attach a one-page (minimum) statement to this form, describing the following:

- Why you want to participate in the Colleague Group of the Certified Public Manager Program
- What you believe you will gain from your participation
- How you believe you will be able to contribute to the group, and to the success of the group's educational experience
- How you believe you will be able to share or apply what you learn in the program

Supervisor's Approval

I, _____ give my approval for

_____ to participate in the CPM Program.

In approving her/his participation, I am recognizing her/his management abilities and potential. I am also recognizing that her/his participation will require time away from work, and that the organization will support this professional development activity, within the constraints of organizational demands.

Signature _____ Date _____

Title _____

Additional supervisor recommendation *required* for applicants with no current or past supervisory experience:

It is my professional opinion that this individual has supervisory potential.

_____

Signature Date

(continued next page)

All Supervisors: Please use the space below to comment on the applicant's abilities, work record, professional potential and personal qualities. (Attach extra sheet if needed.)

_____

_____

_____

_____

_____

_____

_____

✧ ✧ ✧

APPLICANT COMMITMENT

I verify that all information on this application is accurate to the best of my knowledge. If selected as a member of the Colleague Group, I commit to full participation and to abide by the policies of the Certified Public Manager Program.

I am committed to developing myself as an individual and organizational leader. I will:

- come to class prepared and will actively participate in discussions;
- submit all assignments by the required deadlines;
- accept feedback and use it to improve my performance; and
- provide honest and thorough class evaluations to the Wisconsin CPM Program to improve training for future leaders.

_____ _____

Signature Date

APPLICATION DEADLINE: **September 13, 2019**

FEE: **$4200 (Do not send fee with application; those accepted will be invoiced)**

Please submit this form to: **Wisconsin CPM Program**
21 N Park St, 7th Floor
Madison, WI 53715-1218

All applicants will be notified the week of September 16.
Those accepted will receive information to officially register in the program.

One-half of the $4200 registration fee ($2100) is required at the time of registration.
The remaining installment is due by July 31, 2020.
Full payment of $4200 is also accepted at registration.

PLEASE NOTE: In the event of mid-program withdrawal, student is responsible for entire $4200 fee.

Questions? Contact CPM Director Chrys Mursky at (608) 262-3830 / chrystyna.mursky@wisc.edu

UW-Madison provides equal opportunities in employment and programming including Title IX requirements.