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# Application for the 2021-2023 Colleague Group of The Wisconsin Certified Public Manager® Program

Program held November 2021 - April 2023 at Herzing University  
See attached schedule - dates fixed, topics subject to change

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

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

<u>Date</u>	<u>Title of Course</u>	<u>Location/Offeror</u>	<u># of hrs.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(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.)

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### 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 3, 2021**

**FEE: \$4400 (Do not send fee with application; those accepted will be invoiced)**

**Please submit this form to: Wisconsin CPM Program  
hakatz2@wisc.edu**

**All applicants will be notified by the week of Sep. 6, 2021.  
Those accepted will receive information to officially register in the program.  
One-half of the \$4400 registration fee (\$2200) is required at the time of registration.  
The remaining installment is due by July 31, 2022.  
Full payment of \$4400 is also accepted at registration.**

**PLEASE NOTE: In the event of mid-program withdrawal, student is responsible for entire \$4400 fee.**

**Questions?** Contact CPM Program Assistant Hannah Katz at [hakatz2@wisc.edu](mailto:hakatz2@wisc.edu)

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