



For office use only	
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Application for the 2024 - 2026 Colleague Group of The Wisconsin Certified Public Manager® Program

The Madison-based program will be held in person (and virtually) at a location to be determined.
See the 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 *the Inter-departmental and USPS addresses.*

Supervisory Experience

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

Please list your previous Positions.

If you are unable to check either box, your supervisor must complete an additional recommendation on the 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 focusing on supervision. If you list under 60 hours, you may complete this requirement while completing your CPM certification. 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 | |

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 any professional training taken within the past year below (in the same format as above). If you list under 18 hours, you may complete this requirement while completing your CPM certification.

(please attach an 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 recognize her/his management abilities and 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 _____

An additional supervisor recommendation is ***required*** for applicants with no current or past supervisory experience:
It is my professional opinion that this individual has supervisory potential.

Signature

Date

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 30, 2024

**** (Early registration discount of \$200.00 if application is received by August 31, 2024) ****

CPM Tuition Fee:

\$4600 (Do not send the fee with your application; those accepted will be notified of payment procedures. See below)

Please submit this form to: UW Madison-Extension Wisconsin CPM Program
Amanda Lang at amanda.lang@wisc.edu

Questions? Contact Amanda Lang, amanda.lang@wisc.edu

**All applicants will be notified of acceptance no later than the week of September 30, 2024
Those accepted will receive information via email to register for the program officially.
The full \$4600 tuition payment is due to complete the applicant's official registration.**

Applicants may request to pay one-half of the \$4600 registration fee (\$2300) at the time of registration or request a different payment plan. If the CPM Program agrees, the remaining installment(s) is due to the CPM Program agreement as mutually agreed. The applicant is responsible for paying the full tuition, regardless of class participation.