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# Application for the 2009-2011 Colleague Group of The Wisconsin Certified Public Manager Program

Program held May-June, Sept-Dec 2009; Jan-June, Sept-Dec 2010; Jan-Feb 2011

Name \_\_\_\_\_

Position \_\_\_\_\_

Agency \_\_\_\_\_

Mailing Address\*\*

\_\_\_\_\_ Street /PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Business \_\_\_\_\_

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 form.*

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

\_\_\_\_\_  
 \_\_\_\_\_

Education	Name & Location	Degree/Diploma Major/Specialization	Year

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

SEX:                     Female       Male      HANDICAPPED

BIRTHDATE:        \_\_\_\_\_ Month    \_\_\_\_\_ Day    \_\_\_\_\_ Year

HERITAGE:            American Indian                     Asian/Pacific Islander                     African American

Hispanic                                     White or Other

OCCUPATIONAL AREA :     100 professional, technical and managerial occupations

700 Other occupation \_\_\_\_\_

**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 24 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 24 hours, you may complete this requirement while completing your CPM certification.

_____
_____
_____
_____

(attach additional sheet if needed)

**APPLICANT ESSAY**

Please attach a one-page 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
- What you believe you will be able to contribute to or share with others in the program
- How you believe you will be able to share or apply what you learn in the program
- How you believe you will be able to contribute to the group, and to the success of the group’s educational experience

**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 encourage 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)

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION DEADLINE: April 3, 2009**

**Please submit this form to: Wisconsin CPM Program  
610 Langdon St., Room 313  
Madison, WI 53703-1195**

- ◆ **All applicants will be notified the week of April 13<sup>th</sup>.**
- ◆ **Those accepted will receive a Colleague Group Registration Form to officially enroll in the program. Once registered, an invoice for the \$3000 fee will be generated. The registration form will include an option to be invoiced for half the \$3000 fee in fiscal year 09 and the remainder in FY10.**

Questions? Contact CPM Coordinator Robbi Dreifuerst at 608-262-3830 / [rdreifuerst@dcs.wisc.edu](mailto:rdreifuerst@dcs.wisc.edu)

UW-Madison provides equal opportunities in employment and programming including Title IX requirements.  
This program is offered through a partnership between UW-Madison and UW-Extension.