

Previous CPM Classes Taken Within the Past Year (list title & date)

(attach additional sheet if needed)

Required Supervisory Training

Phase I of the CPM Program requires 60 hours of supervisory training, which may have been taken 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 | Leadership / Interpersonal Communication / Understanding others |
| Introduction to Supervision/Role of Supervisor | Basics of Decision Making and Problem Solving |
| Motivation/Coaching and Counseling | Time Management |
| Performance Planning and Evaluation | Leading Meetings |
| Planning/Goal Setting for the Work Unit | Delegation |
| | Discipline/Grievance |
| | Conflict Management |
| | Group Process/Teambuilding |
| | EEO/Affirmative Action |

<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)

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

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

**Please submit this form with a \$50.00 check payable to *UW Madison* to: Wisconsin CPM Program
21 N. Park St., 7th Floor
Madison, WI 53715-1218**