

For Office Use Only
of hrs approved _____
Date: _____

**REQUEST FOR APPROVAL OF
PROFESSIONAL DEVELOPMENT ELECTIVE HOURS
for
THE WISCONSIN CERTIFIED PUBLIC MANAGER PROGRAM**

Name _____

Mailing Address: _____

Please consider the following as meeting the requirements for Professional Development Elective Hours in the Wisconsin Certified Public Manager Program. The following course was taken while I was a candidate in the CPM Program or **within one year prior to my acceptance into the program.**

• Name/Title of Training _____

• Provider of Training or
Name of Conference/Meeting _____

• Date Training Received _____

• Number of Hours Requested _____

• **KEY CONCEPTS LEARNED (Please list 2 - 5):**

• **Please attach copy of agenda or meeting announcement.**

Questions: Call (608)262-3830/2576 or email: rdreifuerst@dcs.wisc.edu or write: WCPM Program, 610 Langdon St., Rm. 313, Madison, WI 53703-1195.
