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|  | **Application Form**  **Nevada Certified Public Manager (NVCPM) Program** | | | | |
| ***The application is designed as a “fillable” Word form. Use your Tab key to progress through the form.*** | | | | | |
| **SECTION I: Applicant Information** | | | | | |
| Name: | |  | | | |
| Gov’t Sector: | | *(check one):* State  County  Municipality  Federal Tribal  Other *(specify):* | | | |
| Department: | |  | | | |
| Agency/Division: | |  | | | |
| Current Title: | |  |  | | |
| Work Phone: | | (     ) | Cell Phone: (     ) | | |
| Work Email: | |  | | | |
| Work Address: | |  | | | |
| **SECTION II: Supervisor Contact Information** | | | | | |
| Name: | |  | | | |
| Title: | |  | | | |
| Work Phone: | | (     ) | | | |
| Work Email: | |  | | | |
| **SECTION III: Applicant Experience** | | | | | |
| Experience:  *(enter a response for each item a-g)* | | 1. I *currently* manage a work unit or project team(s): | | YES  NO | If YES, how many: |
| 1. I *currently* supervise staff: | | YES  NO | If YES, how many: |
| 1. I have *previously* managed a work unit or project team(s): | | | YES  NO |
| 1. I have *previously* supervised staff: | | | YES  NO |
| 1. Total # years as a manager and/or supervisor in the *public* sector: | | |  |
| 1. # years in current position | | |  |
| 1. Total # years in government (all sectors): | | |  |
| **SECTION IV: Resume** | | | | | |
| *Please be sure to include a current resume as part of your NVCPM application packet.*  *Your application will not be considered complete without it.* | | | | | |

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| **SECTION IV: Applicant Short Essays** | | |
| *Please answer each question and limit your response to no more than three paragraphs each.* | | |
| 1. Give an example of a professional or personal goal you have reached and describe how you achieved it.      1. Describe a professional challenge you’ve experienced, how you responded to it, and what you learned from it.      1. Why do you want to attend the NVCPM Program? | | |
| **SECTION VI: Applicant Assurance** | | |
|  | By checking this box, I certify that I have reviewed the preliminary class dates on the NVCPM Program website at <http://hr.nv.gov/CPM/> and am able to attend all classes. I understand participation in all classes and completion of all projects and coursework outside of class are mandatory. | |
| Name: | | Date: |

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| **Next Steps** |
| 1. Review your application to make sure SECTIONS I-VI are complete. *(Be sure to include your resume.)* 2. Save the completed application form as a Word document, including your last name as part of the document name. (Example: CPM application JDoe.doc) 3. Send this saved application to your immediate supervisor so he/she can complete the Supervisor Approval and Recommendation (SECTION VII). 4. Work with your Supervisor to ensure that your application is forwarded to the Department Director or his/her designee to complete the Department Director Approval and Recommendation (SECTION VIII). |
| ***PLEASE BE ADVISED:*** *It is the responsibility of the Department Director or his/her designee to submit the completed application (this form with all appropriate signatures and resume) by the application due date.* |

**NOTICE TO ORGANIZATIONS:**

The NVCPM Program is designed for supervisory/managerial personnel; however, an organization may grant approval for a non-supervisory employee to attend if he/she has high potential for becoming a manager *in the near-term*.

Approval of this NVCPM Program application indicates a willingness on the part of the organization to allow the employee to complete all requirements for the CPM certification, including all classes, readings and assignments, as well as the Capstone Project, which involves substantive time leading a team of colleagues to develop and implement a customer-service or quality improvement project in your agency. Approval of the application also indicates that the organization is willing to assume the cost of any *necessary* travel by participants.

The application requires the approval of the Applicant's Supervisor and the Department Director or his/her designee to be considered complete**.**

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| **SECTION VII: Supervisor Approval and Recommendation** | | |
| Name: |  | Date: |
|  | By checking this box, I give my approval for \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the NVCPM Program. By approving his/her participation, I am recognizing his/her management abilities and potential. I also acknowledge that his/her participation will require time away from work and that the organization may need to provide funding for *necessary* participant travel. The organization will encourage this professional development activity, within the constraints of organizational demands. | |
| Please comment below on the applicant’s abilities, work record, professional potential, and personal qualities. | | |
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| **SECTION VIII: Department Director Approval and Recommendation** | | |
| Name: |  | Date: |
| Title: |  | |
|  | By checking this box, I give my approval for \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the NVCPM Program. By approving his/her participation, I am recognizing his/her management abilities and potential. I also acknowledge that his/her participation will require time away from work and that the organization may need to provide funding for *necessary* participant travel. The organization will encourage this professional development activity, within the constraints of organizational demands. | |
| Please comment below on the applicant’s abilities, work record, professional potential, and personal qualities. | | |
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| Department Director PRIORITY: You may approve more than one application from your department. If this is the case, please indicate your recommendation for priority of this applicant in relation to other applicants from your agency: | | |

Completed applications should be emailed by the Department Director or his/her designee to: [NVCPM@admin.nv.gov](mailto:NVCPM@admin.nv.gov)

**APPLICATIONS DUE: Friday, March 28, 2025**

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| **Questions and Further Information** |
| EMAIL: [NVCPM@admin.nv.gov](mailto:NVCPM@admin.nv.gov)  CONTACT: Rob Horgan, Employee Development Manager ([robhorgan@admin.nv.gov](mailto:robhorgan@admin.nv.gov)) 702-486-2913 |