

Steve Sisolak  
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**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Division of Human Resource Management***  
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**MEMORANDUM**  
**HR#12-21**

June 8, 2021

**TO:** Department Directors  
Deputy Directors  
Administrators

**CC:** Robert Horgan, Manager  
Division of Human Resource Management, Office of Employee Development

**FROM:** Frank Richardson, Interim Administrator *Frank Richardson*  
Division of Human Resource Management

**SUBJECT:** Nevada Certified Public Manager Program (NVCPM) – Class 18 Announcement

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We are pleased to announce the re-launch of the application period for Class 18 of the Nevada Certified Public Manager (NVCPM) Program, a nationally accredited management and leadership development program for employees of State, county, and municipal governments.

We were unable to complete the application process and paused the Program in March 2020 due to the pandemic. As we accept new applications, we will also contact all previous candidates asking them to submit updated applications, which now includes a certification that NVCPM program participants must be fully vaccinated as defined by the CDC, or they must wear their masks when attending classes.

The NVCPM Program is an 18-month program consisting of 300+ hours of instruction and structured learning activities focused on the development of key management and leadership competencies for public managers. The primary objective of the Program is to develop core competencies that are the foundation of managerial excellence in government. Please visit our website for more information and a complete Program schedule: <http://hr.nv.gov/CPM/>.

We invite you to nominate agency employees with the talent and potential to benefit from an intensive management development program. Successful applicants are employees who meet *at least one* of the following criteria:

- Currently manage or supervise professional staff;
- Hold a mid-level supervisory or managerial position responsible for providing technical or professional support; or
- Identified by Agency Directors as having strong potential for advancement into management and leadership positions in the near-term.

The NVCPM Program is demanding and requires participants to demonstrate:

- An openness to developing professionally and growing personally;
- The ability to prioritize multiple responsibilities and competing priorities;
- The ability to lead a team of colleagues in a substantive customer-service or quality improvement project for your agency;
- The skill to maintain diverse working relationships; and
- A commitment to public service and improving government services and outcomes.

Please take these traits into account when nominating staff for the Program to ensure once accepted they will be successful.

The Division of Human Resource Management (DHRM) will fund the instructional costs for State employees accepted into the Program. However, any additional costs (such as participant travel) will be the responsibility of the participant's agency. County and municipal government employees will be assessed a fee of \$500 to cover instructional costs. Travel expenses for these participants (if necessary) will be an additional expense not covered by the NVCPM Program.

The application form is included as an attachment to this memo. It is also available on the DHRM website at: <http://hr.nv.gov/CPM/>. Applicants must complete the application form, obtain supervisory approval, and submit it to their Department Directors. Directors then complete the final approval and recommendation (Section VIII) and submit the completed applications via email to: [NVCPM@admin.nv.gov](mailto:NVCPM@admin.nv.gov).

All applications must be submitted no later than **Friday, July 16, 2021**.

NVCPM Program staff may conduct applicant interviews as part of the selection process. Once selection decisions are made, the NVCPM Program Administrator will contact Department Directors no later than Monday, July 26<sup>th</sup>. It is the responsibility of the respective Departments to notify all their applicants of the final determinations.

### **CLASS 18 PROGRAM ORIENTATION SCHEDULE**

Carson City Class	Wednesday, Sept. 8 <sup>th</sup>	9:00am – 1:00pm
Las Vegas Class	Tuesday, Sept. 21 <sup>st</sup>	9:00am – 1:00pm

A preliminary schedule and additional information about the NVCPM Program can be found on our website: <http://hr.nv.gov/CPM/>. You can also email [NVCPM@admin.nv.gov](mailto:NVCPM@admin.nv.gov), contact Rebecca Kennard, NVCPM Program Administrator ([rkennard@admin.nv.gov](mailto:rkennard@admin.nv.gov) or 702-486-5576) or Rob Horgan, Employee Development Manager ([robhorgan@admin.nv.gov](mailto:robhorgan@admin.nv.gov) or 702-486-2913) should you have any questions.

*Thank you for your continued support of this premier program  
preparing State of Nevada leaders.*



## 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:		State Employee ID <i>(if applicable)</i> :	
Gov't Sector	<i>(check one)</i> : <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Other <i>(please specify)</i> :		
Department:			
Agency/Division:			
Work Phone:	( ) -	Cell Phone:	( ) -
Work Email:			
Work Address:			
SECTION II: Supervisor Contact Information			
Name:			
Title:			
Work Email:		Work Phone:	
SECTION III: Applicant's Current Position			
Title:			
<i>(Enter a response for each item a-g)</i>	a. I <i>currently</i> manage a work unit and/or project team(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	b. I <i>currently</i> supervise staff:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how many:
	c. I have <i>previously</i> managed a work unit and/or project team(s):	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	d. I have <i>previously</i> supervised staff:	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, how many:
	e. Total # years as manager and/or supervisor:		
	f. # years in current position:	g. # years in State, county and/or municipal gov't:	
SECTION IV: Resume			
<p><i>Please be sure to include a current resume as part of your NVCPM application packet. Your application will not be considered complete without it.</i></p>			

**SECTION V: Applicant Essay**

*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.
  
2. Describe a professional challenge you've experienced, how you responded to it, and what you learned from it.
  
3. Why do you want to attend the NVCPM program?

**SECTION VI: Applicant Assurance**

Name:		Date:	
<input type="checkbox"/>	By checking this box, I certify that I have reviewed the preliminary class dates on the NVCPM Program website at <a href="http://hr.nv.gov/CPM/">http://hr.nv.gov/CPM/</a> 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. I also understand that program participants must be fully vaccinated as defined by the CDC or must wear a mask while attending classes.		

**Next Steps**

- A. Review your application to make sure SECTIONS I-VI are complete. *(Be sure to include your resume.)*
- B. Save the completed application form as a Word document, including your last name as part of the document name. (Example: CPM application JDoe.doc)
- C. Send this saved application to your immediate supervisor so he/she can complete the Supervisor Approval and Recommendation (SECTION VII).
- D. 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 in order to be considered complete.

SECTION VII: Supervisor Approval and Recommendation			
Name:		Date:	
<input type="checkbox"/>	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 <i>necessary</i> 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.			
SECTION VIII: Department Director Approval and Recommendation			
Name:		Date:	
Title:			
<input type="checkbox"/>	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 <i>necessary</i> 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.			
<b>Department Director PRIORITY:</b> 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: July 16, 2021**

Questions and Further Information
EMAIL: <a href="mailto:NVCPM@admin.nv.gov">NVCPM@admin.nv.gov</a> CONTACT: Rebecca Kennard, NVCPM Program Administrator ( <a href="mailto:rkennard@admin.nv.gov">rkennard@admin.nv.gov</a> ) 702-486-5776 CONTACT: Rob Horgan, Employee Development Manager ( <a href="mailto:robhorgan@admin.nv.gov">robhorgan@admin.nv.gov</a> ) 702-486-2913