

Steve Sisolak
Governor



Laura E. Freed
Director

Matthew Tuma
Deputy Director

Frank Richardson
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Human Resource Management
209 E. Musser Street, Suite 101 | Carson City, Nevada 89701
Phone: (775) 684-0150 | <http://hr.nv.gov> | Fax: (775) 684-0122

MEMORANDUM
HR# 12-22

March 29, 2022

TO: Department Directors
Deputy Directors
Administrators

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

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

SUBJECT: Nevada Certified Public Manager Program (NVCPM) – Class 19 Announcement

We are pleased to announce the launch of the application period for Class 19 of the Nevada Certified Public Manager (NVCPM) Program, a nationally accredited management and leadership development program for employees of State, county, municipal, and tribal governments.

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, municipal, tribal or other 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.

All applications must be submitted no later than **Friday, May 13, 2022**.

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 Wednesday, May 25th. It is the responsibility of the respective Departments to notify all their applicants of the final determinations.

CLASS 19 PROGRAM ORIENTATION SCHEDULE

Carson City Class	Thursday, June 23 rd	9:00am – 1:00pm
Las Vegas Class	Tuesday, June 28 th	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, contact Rebecca Kennard, NVCPM Program Administrator (rkennard@admin.nv.gov or 702-486-5576) or Rob Horgan, Employee Development Manager (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"/> Tribal <input type="checkbox"/> Other <i>(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 Experience		
Current Title:		
Experience: <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, tribal, or other 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 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.		

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.			
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

APPLICATIONS DUE: May 13, 2022

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