



Application for Admission to the Nebraska Certified Public Manager® Program

Application for Nebraska CPM Program due November 30th

Full Name _____ Job Title _____

Organization _____ Division _____

Work Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Permanent Mailing Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Email Address _____

Applicant Background Questions—Attach additional pages if necessary

- 1) **Education**: Please provide a summary of your educational and training experience. Include any licenses, degrees, and certifications and reference when and where they were earned.

- 2) **Work Experience**: Please include years at your current organization and any previous job experience.

- 3) **Supervisory Experience**: Please explain your past or present supervisory/managerial experience, if applicable. Include current job responsibilities, number of people you supervise, and any programs you have managed.

- 4) **Community Service/ Volunteer Experience**: Please describe any volunteer work, including non-career work in nonprofit organizations, political or special interest groups.

Information to attach to this application:

1) Why should you be selected to participate in the Nebraska Certified Public Manager® Program?

Please reflect on your motivation for participation-describing what you hope to gain for yourself and your organization- in no more than two double-spaced typewritten pages. Reference your career plans and identify how this professional development will impact your job performance and help your organization be more effective. Additionally, please explain how you will manage your time to fit the Nebraska CPM Program into your life.

2) Complete the attached letter of intent and commitment form indicating an understanding of all requirements of the Nebraska CPM program. This form must be submitted with your application. If you are being sponsored by your organization, your supervisor's signature is required on the form.

3) Submit two letters of professional recommendation.

Please indicate who you will be requesting recommendations from so that we may more easily match references as they are received.

Name and Organization of Reference 1: _____

Name and Organization of Reference 2: _____

The cost of the Nebraska Certified Public Manager Program is \$2,500.00. A \$250.00 deposit is due upon acceptance into the program. This can be cash, check or credit card. The participant is also responsible for purchasing required textbooks and any additional learning materials. Payment Options:

☐ **Check Enclosed (Payable to Nebraska Certified Public Manager Program)**

☐ **Pay via Credit Card:**

Card Type (VISA, MasterCard) _____ Account # _____

Name on card _____ Expiration Date (Month/Year) _____

Billing Address _____ City _____ State _____ Zip _____

☐ **Bill my organization**

Attention of: _____ Organization _____

Department _____ Phone Number _____ Fax Number _____

Email _____ City _____ State _____ Zip _____

☐ **I would like to discuss a customized payment plan (available for an additional \$250 fee)**

For marketing purposes, the Nebraska Certified Public Manager® Program may want to distribute your name as a scholar/alumnus and/or your photo. Please sign to indicate that you understand this. Signing below indicates that you authorize the release of this information.

Applicant's Signature

Printed Name

Date

Nebraska Certified Public Manager

Letter of Intent and Commitment

Please submit this form with your application

I fully commit to:

- * **Complete all components of the program (Note: if a course is missed, it must be completed within the next two years to obtain certification)**
- * **Meet all online requirements as well as those in residence**
- * **Rearrange schedules as necessary to make time for the program**
- * **Complete all program hours and complete the final CPM project**
- * **Respect and adhere to the specified time frame for all assignments**
- * **Actively engage in the learning process**
- * **Apply skills learned through the CPM program in work environment**
- * **Better serve the public as a trained leader and manager**

Applicant's Signature

Printed Name

Date

***If the CPM applicant is being sponsored by an organization, the supervisor's contact information and signature is required below. This is not necessary for self-sponsored applicants.**

Supervisor's Job Title _____ **Organization** _____

Division _____ **Email** _____

Work Address _____ **City** _____

State _____ **Zip** _____ **Phone** _____ **Fax** _____

Supervisor's Signature

Printed Name

Date

Reasonable accommodations are provided for students who are registered with Disability Services and make their requests sufficiently in advance. For more information, contact Disability Services (EAB 117, Phone: 554-2872, TTY: 554-3799) or go to the website:

www.unomaha.edu/disability

Please submit this application by November 30th to:

**Nebraska Certified Public Manager® Program
School of Public Administration
University of Nebraska at Omaha
6001 Dodge Street
Omaha NE 68182-0276**

For more information about the Nebraska Certified Public Manager Program please visit: <http://www.unomaha.edu/cpm/index.php>