



B A L L S T A T E
U N I V E R S I T Y.

**BOWEN CENTER
FOR PUBLIC AFFAIRS**

**Application for Admission to
Indiana Certified Public Manager® Program**

Contact Information:

Full Name _____

Organization _____ Division _____

Work Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Work Email Address _____

Permanent Mailing Address _____ City _____

State _____ Zip _____ Phone _____ Fax _____

Work Experience:

Current Position

Job Title _____ Time in this position _____

Do you supervise other employees? Yes If Yes, how many? _____

No

Describe your current job tasks and responsibilities _____

Prior Experience

List other positions you have held during the past five years, with a brief description of duties.

Position/Organization	Duties	Dates in Position

Prior Education and Training

List other degrees or certificates you possess, with a brief description, the institution that awarded it, and the year it was awarded.

Degree/Certificate	Description/Institution	Year Awarded

Training Location

Please indicate your choice of training location:

I am applying for admission to the series of training sessions to be offered in Fishers, Indiana beginning March 2017.

I am applying for admission to the series of training sessions to be offered in Mitchell, Indiana beginning September 2017.

Program Commitment

If accepted into the Indiana CPM Program, I commit to:

- Attend all program class sessions,
- Complete all assignments within the specified time frame,
- Actively engage in the learning process,
- Apply skills learned through this program in my work environment,

I recognize that I will not receive the Certified Public Supervisor designation or be eligible to enroll for the second phase of the training leading to the Certified Public Manager designation unless I fulfill the above commitment.

Applicant's Signature

Printed Name

Date

Supervisor Endorsement

I support this person's application to the Indiana CPM Program. The applicant will be allowed time to participate in the program, if accepted.

Supervisor's Signature

Printed Name

Date

Note: Elected officials do not require a supervisor endorsement.

Application Instructions

1. Fully complete the application form.
2. Sign and date the Program Commitment section.
3. Have your supervisor sign and date the Supervisor Endorsement, if required.
4. Attach your statement of purpose. This brief statement (no more than two double-spaced, typewritten pages) should:
 - a. Explain what you hope to achieve for yourself and your organization by participating in the Indiana CPM Program, and
 - b. Briefly describe your career plans and explain how this professional development opportunity is related to those plans.
5. Have your supervisor submit a letter of nomination and recommendation. In the letter, your supervisor should describe either your current supervisory or management abilities or your potential abilities. The letter should also explain how your professional development in the CPM Program will contribute to your organization.

Note: Elected officials do not require a supervisor nomination.

6. Your completed application and supervisor's letter should be submitted to:

Dr. Charles Taylor
Indiana CPM Program
Bowen Center for Public Affairs
Ball State University
2000 W. University Ave.
Muncie, IN 47306

Or by email to: cdtaylor@bsu.edu