



## THE CENTRE Certified Public Manager® Program Application Form

Applicant Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please attach certificate of completion for Leadership, Management, and Executive Training you have received (including the date) and your resume.

Why do you want to attend the Certified Public Manager® Program? *(Attach additional sheet as needed.)*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Statement of support from supervisor:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency/Entity: \_\_\_\_\_

Title: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_