

Vermont Certified Public Manager® Program Application

Instructions: Please enter all the requested information in the gray-shaded text fields (pages 2-8). For applications to be considered all information must be completed and signatures obtained. To submit your application:

1. Complete the application and include appropriate signatures (electronic signatures are encouraged).
2. Submit the completed, signed, application to:

DHR.VCPM@vermont.gov

3. Applications will be accepted through the end of business on **May 1, 2024**.
4. All applicants will receive an email acknowledging receipt of their application.

VCPM often receives more applications than there are seats available in the program; therefore, an application does not guarantee acceptance. Applicants will be notified of their status by **May 31, 2024**. The opening Orientation class is tentatively scheduled for two days in late July 2024.

Please note that admission into a VCPM cohort signifies a participant's willingness to prioritize scheduled program seminars and assignments *and* the supervisor's signature denotes support for such prioritization (see p. 3 of this application). Inability to complete all seminars with the same cohort could result in the participant's inability to complete the program. Applicants who do not have the support of their immediate supervisor or are otherwise unable, or unwilling, to prioritize the VCPM requirements are encouraged to apply for admission at a later time.

Tuition: **\$2,300 in two installments:** \$1,150 for the first program year (billed July of year one); \$1,150 for the second program year (billed July of year two). CAPS will invoice your department unless you make alternative payment arrangements in advance.

Signatures (three signatures are required):

- 1.) The applicant.
- 2.) The applicant's immediate supervisor.
- 3.) The person who approves expenditures for your organization if different from the supervisor.

PLEASE NOTE: All applicants must consult with their supervisor before applying.

Applicant Name:

Date:

I understand the objectives and requirements of the Vermont Certified Public Manager® Program (<https://humanresources.vermont.gov/training/supervisory-managerial/supervising-in-state-government/vermont-certified-public-manager-program>) and I am willing and prepared to devote the time and attention required to fully participate with my cohort.

I understand that if I do not prioritize my commitment to the VCPM seminars as scheduled for the cohort to which I am accepted that I may not have the opportunity to make up missed seminars or assignments.

I understand that I can expect to spend approximately four days each quarter (26-30 days total) attending class during work hours and I will expect to devote approximately ten hours per month to independent work. I also understand there is no implied commitment for additional compensation or overtime pay for hours above a VCPM participant' regular work schedule.

Applicant Signature

Date

Immediate Supervisor's Approval and Recommendation

I understand the VCPM Program requires a significant commitment on the part of the employee I am authorizing 26 – 30 days of classroom seminars, approximately 42 hours of between-seminar activity, and 60 - 80 hours for the consulting project). I understand there is no implied commitment for additional compensation or overtime pay for hours above a VCPM participant's regular schedule (though overtime compensation may be approved in accordance with the department's policy). I understand the VCPM Program is designed to incorporate multiple approaches to learning through its seminars, between-seminar application exercises, and the final capstone consulting project. In making this recommendation, I have considered how this commitment may impact the work of the unit I supervise and **will fully support my employee's attendance at all seminars scheduled for the cohort to which my employee is accepted.** In addition to attending the seminars, I will allow time at work for my employee to complete learning activities and actively participate in the consulting project. I understand that all components and activities of the VCPM Program must be completed as a requirement of graduation.

Supervisor's Recommendation: Please tell us about this employee's readiness for the VCPM Program, ability to take on the additional activities of the program, and their leadership or leadership potential.

I acknowledge that if my employee is accepted into the VCPM program and is unable to complete the program that the department may have a penalty equivalent to the cost of the first payment.

Supervisor's Signature:	<div></div>	Date:	<div></div>
Supervisor's Name (print/type):	<div></div>	Phone:	<div></div>
Title:	<div></div>	E-mail:	<div></div>

Billing Information

Name of the individual responsible for approving expenditures (if different from supervisor):

Print/Type Name:

Title:

Department Code:

Billing Address:

I acknowledge that if the applicant is accepted into the VCPM program and is unable to complete program that the department may have a penalty equivalent to the cost of the first payment.

Signature:

Date:

Applicant Information

Applicant Name:

Pay Grade:

Phone:

Job Title:

SOV Email:

Complete Mailing Address:

Agency:

Department:

Division:

Are you currently a designated supervisor or manager? Yes

☐

No

☐

Please list workshops, training, and/or additional professional development programs you have completed that have contributed to your ability to manage, lead, and/or work successfully in complex situations. Include title, dates, and the number of hours. Attach an additional page if needed.

Applicant Information (Continued)

Briefly describe the primary responsibilities of your position (please do not copy/paste your job specifications):

The following questions are designed to help you evaluate whether participation in this program is the right choice for you at this time, to help you plan for the time and effort required for participation, and to provide information for the selection process. Please answer all the questions and provide as much detail as possible. Attach additional pages if needed.

1. Successful completion of VCPM requires a significant investment of time and energy. What competing priorities do you expect to face during the two years of VCPM and how will you address them? In general, please describe any concerns and your plans and expectations about meeting VCPM's Program requirements.

Applicant Information (Continued)

2. Please describe why you are applying for the VCPM Program. What do you hope to gain from the experience professionally and personally? How do you hope to contribute to your VCPM cohort and how will you apply your learning to your organization, and/or the State of Vermont? (Continue on to next page, and sign at bottom.)

Applicant Information (Continued)

☐ By checking this box, I acknowledge that I am required to prioritize the VCPM seminars and assignments scheduled for my cohort in order to be accepted into the program and that I may not have the opportunity to make up seminars or assignments in the event that I miss any.

☐ By checking this box, I acknowledge that if I am accepted into the VCPM program and then later am unable to complete VCPM, my department may have a penalty for the equivalent cost of the first payment.

By providing your signature below you confirm that all the information you have provided in this application and any attached pages is true, accurate and complete, to the best of your knowledge.

Signature

Date