

Vermont Certified Public Manager® Program Application

Instructions: All applicants should consult with their supervisors before applying. For applications to be considered all information must be completed and signatures obtained. **We are utilizing electronic signatures; you may substitute an email indicating consent to the required signatures if the electronic signature function is inoperable.** Questions should be directed to DHR.VCPM@vermont.gov.

Required signatures:

1. Applicant
2. Applicant's immediate supervisor
3. Individual in your organization that approves expenditures if different from the supervisor

Note: You may substitute an email indicating consent to the required signatures if the electronic signature function is inoperable.

Tuition: \$1,950

Tuition is paid in three installments:

1. \$500 upon enrollment (early April).
2. \$725 for the first program year (billed July of year one).
3. \$725 for the second program year (billed July of year two).

CAPS will invoice your department unless alternative payment arrangements are made in advance.

VCPM often receives more applications than available spaces. An application does not guarantee acceptance.

Should you wish to submit your application by USPS, please mail it to the following address:

Center for Achievement in Public Service (CAPS)

Attn: VCPM Program Manager

32 College Street, Schulmaier Hall

Montpelier, VT 05620-2801

PLEASE NOTE: If you are an employee of one of the following agencies or departments:

- **Department for Children and Families** has an in-house selection process. Contact the DCF HR unit for more information.
- **DAIL/VOC REHAB** employees should consult with their division directors for coordination across departments.
- **Agency of Natural Resources** refers applicants to VCPM through its Leadership and Management (L & M) Program. ANR employees not applying to the L & M Program may apply to VCPM directly.
- **Agency of Transportation:** Please apply directly to CAPS. **Agency of Transportation (to include the DMV)** applications will receive initial review at the agency level and final review at CAPS. If you have any questions or need additional information please contact Colleen Montague, VTTC Employee Development by email at colleen.montague@vermont.gov or by phone at 802-777-2654.

Applications will be accepted through close of business, **February 28, 2018**. Applicants will receive an email acknowledging that their application has been received. Applicants will be notified of their status by the end of March 30, 2018.

Immediate Supervisor's Approval and Recommendation

I understand the VCPM Program requires a significant commitment on the part of the employee I am recommending (**23 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 department policy). I understand the VCPM Program is designed to incorporate multiple approaches to learning through its seminars, between-seminar application exercises, and a 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. In addition to authorizing my employee to attend the seminars, I will allow time at work for my employee (the applicant) 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 utilize this space to describe your employee's (this applicant's) readiness for the VCPM Program, ability to take on the additional activities of the program, and leadership or leadership potential.

I acknowledge that if my employee (the applicant) 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:	<input type="text"/>	Date:	<input type="text"/>
Supervisor's Name (print/type):	<input type="text"/>	Phone:	<input type="text"/>
Title:	<input type="text"/>	E-mail:	<input type="text"/>

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 this employee (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:

Employee ID #: Pay Grade: Phone:

Job Title:

Email:

Complete Mailing Address:

Agency: Department: Division:

Are you currently a designated supervisor or manager? Yes No

Check if you have completed:

Supervising in State Government Level 1 Date Completed:

Supervisors' Development Program (SDP) Date Completed:

AOT Fundamentals in Supervision Date Completed:

StrengthsFinder Assessment MBTI (Myers Briggs)

Please list workshops, training, and/or coaching 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 description):

The following questions are designed to help you evaluate whether participation in the VCPM program is the right fit 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 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 the VCPM program and how will you address them? In general, please describe any concerns as well as plans and expectations about meeting VCPM’s program requirements.

Applicant Information (Continued)

2. Please describe why you are for 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?

a. Have you applied to the VCPM program in the past? Yes No

b. If yes, were you placed on the waitlist? Yes No

Applicant Information (Continued)

By checking this box, I acknowledge that my acceptance into the VCPM program depends, in part, on my mandatory attendance at the *Opening Seminar* (Seminar One) **(April 4 & 5)** and the *Emotional Intelligence Seminar* (Seminar Two) **(June 6 & 7)**.

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 financial penalty for the equivalent cost of the first payment.

I understand the objectives and requirements of the Vermont Certified Public Manager® Program and I am willing and prepared to devote the time and attention required to fully participate.

I understand 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 that there is no implied commitment for additional compensation or overtime pay for hours above a VCPM participant's regular work schedule.

By providing your signature below you confirm that 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