



Vermont Certified Public Manager® Program Application For Municipal and Non-Profit Employees

Instructions: Please enter all the requested information in the shaded text fields (pages 2-8). All information must be complete, 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 by clicking the “**Submit**” button above or by mail:

Center for Achievement in Public Service (CAPS)

Attn: VCPM Administrator

32 College Street, Schulmaier Hall

Montpelier, VT 05620-2801 or

802-828-2809 (fax)

3. **Applications deadline extended to July 8, 2020.**
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.

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 page 3 of this application). Inability to complete all seminars with the same cohort could result in the participant’s inability to complete the program.

Tuition: \$2300 (divided into two payments of \$1150, invoiced once per fiscal year (July of each year of the program)).

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.

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 I can expect to spend approximately four days each quarter (26-30 days total) attending class during work hours and 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 recommending for acceptance into the program (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. 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. 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 the employee is unable to complete the program there is no guarantee of a refund of any costs expended on behalf of the employee's participation in the program.

Supervisor's Signature: **Date:**

Supervisor's Name (print/type): **Phone:**

Title: **E-mail:**

Billing Information

Name of the individual responsible for approving expenditures:

Print/Type Name:

Title:

Department Code:

Billing Address:

I acknowledge that if the employee is unable to complete the program there is no guarantee of a refund of any costs expended on behalf of the employee's participation in the program.

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 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 spec):

The following questions are designed to help you evaluate whether participation in the VCPM Program is the right choice for you to help you plan for the time and effort required for participation, and to provide information for the selection process. Please 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 and your 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 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)

I acknowledge that VCPM participants are expected to prioritize the VCPM seminar and assignments, and may not have the opportunity to make up missed seminars or assignments which may impede my ability to graduate from the program.

I acknowledge that if I am accepted into the VCPM program but do not complete the program, my department is not guaranteed a refund of any monies paid for my participation in the program.

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

Signature

Date