

## 2024 - 2025 - Application

## New Hampshire Certified Public Manager Program



Division of Personnel
Bureau of Education and Training
54 Regional Drive #5, Concord, NH 03301
Email: BET@das.nh.gov https://training.nh.gov

Date: **Certified Public Manager Program:** \$2,299.00 cost per person. **Personal & Current Work Information** Job Title: Name (Last Name, First Name) Department / Division Agency Work Address (Street, City/Town, State, Zip Code) Work Email Work Phone Supervisor Email Supervisor's Work Phone: Are you currently a: Supervisor □ Manager □ Neither currently. **Current Job Responsibilities: Work History** 1.Job Title: Number of years in job: Employer: Supervisor Name: Responsibilities: **Work History** 2.Job Title: Number of years in job: Employer: Supervisor Name: Responsibilities:

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Education:	
1.Institution:	
Degree: Complet	on Date:
2. Institution:	
Degree: Complet	on Date:
Pre-Requisite:	
For acceptance into the Certified Public Manager Progra Supervisory Academy, BET's Certified Public Manager F Public Supervisor (CPS) course.	•
Completion Date of Supervisor Academy, CPM Level 1	or CPS:
Please provide a personal statement explaining why you wa will further your professional goals. Please include your prop <i>Project</i> on.	
Signatures:	
Applicant:	Date:
Supervisor's Support Statement: "My signature below indic the Certified Public Manager Program offered by Bureau of E approved."	
Supervisor:	Date:
Additional Signature: (If necessary)	Date:

Agency Financial Signatory:
(Approving availability and use of funds from source indicated below)

State Agency Payment Information			
	Proc Level	Accounting Unit	Class
			066

Date:

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<sup>\*\*</sup> Please do not process payment until the applicant is accepted into the program and you receive and invoice from the Bureau of Education and Training.