KENTUCKY CERTIFIED PUBLIC MANAGER® (KCPM) PROGRAM

Application & Nomination Form

The Kentucky Certified Public Manager® Program (KCPM) focuses on the management and leadership competencies required for effectively managing and improving team and organization performance. It consists of one required orientation, 300+ hours of courses, tests, homework assignments, applied projects, and a final capstone seminar (team project) The KCPM Program is appropriate for all directors, managers, and supervisors, as well as for those who manage or lead people in projects or programs. In addition, the program is appropriate for those who have leadership aspirations and who have demonstrated excellent leadership potential.

Section I. Nominee Information

NAME:	**SSN:**
CABINET/ AGENCY:	**DEPT.**
PREFERRED MAILING ADDRESS:	
WORK MAIL ADDRESS [IF DIFFERENT THAN ABOVE]:	

WORK PHONE:	**FAX NUMBER:**	**EMAIL ADDRESS:**

CURRENT JOB

CURRENT JOB TITLE:	**GRADE:**
DO YOU SUPERVISE OTHER EMPLOYEES? **HOW MANY?**	**MONTHS IN THIS POSITION:**
ARE YOU ACCOUNTABLE FOR MANAGING A PORTION OF AN OPERATING BUDGET? **YES** ☐ **OR NO** ☐	**IF "YES," APPROXIMATELY HOW MUCH?**
DESCRIBE YOUR CURRENT JOB TASKS & RESPONSIBILITIES:	
DESCRIBE YOUR ROLE IN RECOMMENDING, FORMULATING, INTERPRETING AND/OR IMPLEMENTING POLICY:	

Employment History or Attach a Resumé

EMPLOYER (CABINET/AGENCY):	**GRADE:**
JOB TITLE:	**MONTHS IN THIS POSITION:**
JOB TASKS & RESPONSIBILITIES:	**START DATE/ END DATE:**
EMPLOYER (CABINET/AGENCY):	**GRADE:**
JOB TITLE:	**MONTHS IN THIS POSITION:**
JOB TASKS & RESPONSIBILITIES:	**START DATE/ END DATE:**
EMPLOYER (CABINET/AGENCY):	**GRADE:**
JOB TITLE:	**MONTHS IN THIS POSITION:**
JOB TASKS & RESPONSIBILITIES:	**START DATE/ END DATE:**
EMPLOYER (CABINET/AGENCY):	**GRADE:**
JOB TITLE:	**MONTHS IN THIS POSITION:**
JOB TASKS & RESPONSIBILITIES:	**START DATE/ END DATE:**

Education & Training if not included on Resumé		
DIPLOMA/DEGREE EARNED:	**SCHOOL:**	**DATE(S):**
CERTIFICATIONS/SEMINARS/WORKSHOPS, ETC.:	**PROVIDER:**	**DATE(S):**
PROFESSIONAL/CIVIC ORGANIZATION(S):	**ROLE(S): (E.G. "COMMITTEE CHAIR, VICE-PRESIDENT, ACTIVE PARTICIPANT, MEMBER, ETC.)**	**DATE(S):**
DESCRIBE WHY YOU WANT TO ATTEND KCPM. PLEASE INCLUDE YOUR CAREER OBJECTIVES: (YOU MAY ATTACH ADDITIONAL SHEETS.)		

If selected to participate in the Kentucky Certified Public Manager® Program, I commit to:

1. Accept a nomination to participate in the KCPM program if one is offered to me;
2. Participate fully in the program by attending the GSC training workshops, satisfactorily passing the required Kentucky State University online classes, including tests, homework assignments, applied projects, and successfully completing the Capstone Seminar (team project);
3. Dedicate the time and effort required to succeed in the rigorous KCPM Program;
4. Accept any requirements for travel, overnight lodging, and/or extended days away from the office; and,
5. Accept sole responsibility for amending my personnel application to reflect completion of the program and applying for an Educational Achievement Award or any other benefit that might be available to me for completing the KCPM Program.

I have read and understand the above. The information I have provided here is accurate. I willingly make and pledge to honor the commitments to the KCPM Program state above.

KCPM NOMINEE SIGNATURE	DATE

Section II. Director/Manager Recommendation & Commitment of Support

PRINT THE NAME OF THE PERSON FOR WHOM THIS NOMINATION & APPLICATION FORM IS BEING SUBMITTED:		
DIRECTOR/MANAGER NAME:	TITLE:	
CABINET:	DEPARTMENT/OFFICE:	OTHER ORGANIZATIONAL UNIT:
DIRECTOR/ MANAGER EMAIL ADDRESS:	DIRECTOR/MANAGER PHONE:	DIRECTOR/MANAGER FAX:

I hereby:

- Recommend that the above-named employee (for whom I am accountable for completing a performance appraisal) be nominated by this Cabinet to participate in the KCPM Program beginning in the academic term noted below (Please put "1" in the box indicating your first preference, "2" in the box indicating your second preference, and "3" in the box indicating your third preference.);

FALL	SPRING	SUMMER

- Acknowledge that I have read and that I understand the requirements for nomination and participation outlined in the "KCPM Program Overview & Guidelines for Participation (available on the web at **http://personnel.ky.gov/gsc/**);

- Verify that the employee named above (for whom I am recommending nomination to the KCPM Program) is either currently a unit/program/project manager or is a developmental candidate for such a role (as identified in this agency's Succession Plan and/or the individual's Professional Development Plan); and,

- Pledge
  - To support fully this employee's participation in the KCPM Program;
  - To provide learning and performance opportunities to reinforce and complement the participant's KCPM Program learning; and,
  - To attend regular quarterly two- (2-) hour meetings of the Directors/Managers of KCPM Program participants to share information on what the participants are learning and ideas on how to leverage that learning to improve organizational performance.

_____

DIRECTOR/MANAGER SIGNATURE DATE

_____

PRINT THE NAME OF THE CABINET/AGENCY PERSONNEL OFFICER

Section III. Personnel Officer (Nominating Cabinet) Validation of Qualifications

PRINT THE NAME OF THE PERSON FOR WHOM THIS APPLICATION & NOMINATION FORM IS BEING SUBMITTED:		
NOMINATING CABINET/ENTITY PERSONNEL OFFICER NAME:	**PERSONNEL OFFICER TITLE:**	
CABINET:	**DEPARTMENT/OFFICE:**	**OTHER ORGANIZATIONAL UNIT:**
PERSONNEL OFFICER EMAIL ADDRESS:	**PERSONNEL OFFICER PHONE:**	**PERSONNEL OFFICER FAX:**

I hereby verify that the above-named person meets the requirements of, and is qualified for, participation in the Kentucky Certified Public Manager® Program and that the individual is in the category checked below.

- ☐ The above-named person is a full-time employee of Kentucky state government in good standing (requiring nomination to the KCPM Program by the cabinet in which he/she is employed).
- ☐ The above-name person is a qualified employee of a local government or government-related organization (requiring nomination by the Governor's Office for Local Development).
- ☐ The person is an qualified employee or representative of a non-governmental for-profit or not-for-profit organization (requiring nomination by the Economic Development Cabinet).

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NOMINATING CABINET/ENTITY PERSONNEL OFFICER SIGNATURE **DATE**

Section IV. Cabinet/Agency Executive Nomination & Commitment of Support

PRINT THE NAME OF THE PERSON FOR WHOM THIS APPLICATION & NOMINATION FORM IS BEING SUBMITTED:		
NAME OF EXECUTIVE OR DESIGNEE:	**TITLE OF EXECUTIVE OR DESIGNEE:**	
CABINET:	**DEPARTMENT/OFFICE:**	**OTHER ORGANIZATIONAL UNIT:**
EXECUTIVE OR DESIGNEE EMAIL ADDRESS:	**EXECUTIVE OR DESIGNEE PHONE:**	**EXECUTIVE OR DESIGNEE FAX:**

I hereby nominate the above-named manager/employee for admission into the KCPM Program and commit to:

- Support the Nominee throughout the KCPM Program;
- Provide additional appropriate learning and development opportunities to complement and reinforce the KCPM experience;
- Publicly recognize the nominee's achievement when the Program is completed and the certification awarded; and,
- Encourage leaders and managers within the Cabinet to leverage the competency concepts promoted in the KCPM Program in order to achieve higher organizational performance levels.

AGENCY HEAD EXECUTIVE OR DESIGNEE SIGNATURE **DATE**

AGENCY HEAD OR AGENCY LIAISON…

Please forward the completed
"APPLICATION & FORM"
[including all required signatures]

To:

KCPM COORDINATOR
GOVERNMENTAL SERVICES CENTER
400 EAST MAIN ST. @ KSU
4-WEST, ACADEMIC SERVICES BLDG.
FRANKFORT, KENTUCKY 40601

Phone: 502-564-8170; Fax 502-564-2732

☐ Accepted ☐ Deferred

KCPM Coordinator

DATE

The Kentucky Certified Public Manager® Program does not discriminate on the basis or race, color, national origin, sex, disability, religion, age, ancestry, or veteran status.