



# Application for the Oklahoma Certified Public Manager Program

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*Name* \_\_\_\_\_ *SSN* \_\_\_\_\_

*Job Title* \_\_\_\_\_ *Division* \_\_\_\_\_

*Agency* \_\_\_\_\_ *Phone Number* \_\_\_\_\_

*Address* \_\_\_\_\_

*I understand that this is a rigorous program and will require a substantial time commitment.*

\_\_\_\_\_  
*Signature of Nominee*

\_\_\_\_\_  
*Date*

*I approve of this nomination and will allow the employee time at work to participate in the CPM program.*

\_\_\_\_\_  
*Signature of Immediate Supervisor*

\_\_\_\_\_  
*Date*

*I understand that this employee will require time to participate in the CPM program.*

\_\_\_\_\_  
*Signature of Appointing Authority*

\_\_\_\_\_  
*Date*

*Send completed application to: Carrie Rohr, CPM Coordinator,  
Office of Personnel Management, 2101 N Lincoln Blvd, Oklahoma City, OK 73105*