Office of Learning and Professional Development
Service · Support · Solutions

OHIO CERTIFIED PUBLIC MANAGER PROGRAM APPLICATION

Instructions: Complete entire application form, including the billing information section. Please note that additional documents are required to accompany this application.

Personal Information

Full Name _____
Last *First* *Middle Initial*

Employer _____

Work Address _____
Street Address

_____
City State ZIP Code

Work Phone _____ Work E-mail Address _____

State of Ohio User ID (State of Ohio employees only) _____

Employee Job Information

Government Type ☐ State ☐ County ☐ Local ☐ Federal ☐ Other

Work Region ☐ Northeast ☐ Northwest Ohio ☐ Central Ohio ☐ Southeast Ohio ☐ Southwest Ohio

Job Title _____ *You must be exempt from the bargaining unit to participate in OCPM*

Supervisor Name _____ Supervisor Title _____

Supervisor E-mail address _____ Supervisor Phone _____

Agency Director or Designee Name _____

Agency Director or Designee E-mail address _____

Indicate any special needs/accommodations below:

_____

_____

My signature below certifies that to my best knowledge, all information entered in this application is accurate and true.

_____ _____
Employee Signature Date

Applicant Name: _____

Cohort Start Date Choices: New cohorts begin in March and September. Please indicate the month/year you are requesting.

☐ **March 20___** ☐ **September 20___**

Billing Information For OCPM

Please note below who will pay for the program fees (e.g. yourself, your agency/organization or the Employee Development Fund program).

A. Fees paid by (*Check one*)

☐ **Employee Development Fund Program** *(Sign and complete section B. for the EDF Agreement)*

☐ **Participant** *(Complete section C. Billing Address)*

☐ **Other Source** *(Complete section C. Billing Address)*

_____

☐ **Agency**

(Complete section C. Billing Address)

☐ **Participant and organization to share cost**
(Complete section C. Billing Address)

B. Employee Development Fund Program Agreement for the Ohio Certified Public Manager Program

I am an exempt from the bargaining unit employee of the state of Ohio. Apply my EDF tuition reimbursement funds to the fees for the Ohio Certified Public Manager Program. My signature confirms I have read and understood the rules and limits of the Employee Development Fund Program. **I understand I am responsible for any program costs that exceed the annual fiscal year limit.**

_____

Applicant Signature *Date*

For the EDF policies and limits, check the Web site: http://das.ohio.gov/edfunds.

C. Billing Address

Please complete **if** you/your agency/organization or other source is paying directly for the program fees. You will be contacted for payment method.

Name _____

Address _____

Phone _____

Fax _____

E-Mail _____

Additional Information

Please answer the following questions:

1. Do you supervise staff and/or manage a budget or project? (Check all that apply) ☐ **Staff** ☐ **Budget** ☐ **Project**
2. Enter the number of staff you supervise _____**# Supervised**
3. Enter the length of time in your **current** supervisory position _____ **Years/Months**