



**Application for Admission to the  
Pennsylvania Certified Public Manager® Program**

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**Section 1:**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

\_\_\_\_\_

DOB (MM/DD/YY)

Alternate Last Name(s) (i.e. maiden name; if more than one, separate with commas) \_\_\_\_\_

Social Security # (used to identify you in our system & not shared with others) \_\_\_\_\_

Legal Gender

Are you Hispanic or Latino?

Regardless of your answer to the prior question, please check one or more of the following groups  
in which you consider yourself to be a member:

American Indian or Alaskan

Asian or Pacific Islander

Black or African American

Native Hawaiian or Other Pacific

White (non-Hispanic origin)

Ethnicity not listed

Country of Citizenship \_\_\_\_\_

Are you a Pennsylvania Resident?



Job Title \_\_\_\_\_

Organization \_\_\_\_\_

Division \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

I have obtained a bachelor's degree

The total cost of the Pennsylvania Certified Public Manager<sup>®</sup> Program is \$3600. This includes all 7 online courses, materials, 3 retreats, and a one-year membership in the American Society for Public Administration (ASPA).

Who is financially sponsoring your participation in the PA CPM program? (**Check one only**)

Myself

My Organization/Agency

Both

**Partnership Credit Transfer: (For Level I credit only)**

If you have completed the Level I requirements through one of our official affiliate programs, we will need to transfer this information. You must provide the documentation awarded by the partner/affiliate attesting to your completion of their approved program. There is a \$25.00 processing fee for this transfer. This transfer fee will be charged with your Level II course fees. Please contact [Hope.Schmids@millersville.edu](mailto:Hope.Schmids@millersville.edu) for the current list of affiliate programs.

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**Section 2: Background Questions**

- A) Education: Summarize your educational and training experience. Include any licenses, degrees, and certifications you have earned. Please reference when and where they were earned.

- B) Work Experience: Years at your current organization and previous, relevant job experience.



- C) Supervisory Experience: Explain your past or present supervisory/managerial experience, if applicable. Include current job responsibilities, number of people you supervise, and any programs you have managed.

D) Writing Skills: Successful completion of this program includes a properly researched, thoughtful, and well-written Capstone Project report along with a brief oral presentation. Please indicate your level of comfort and expertise with professional writing. What forms of writing do you most often create in your profession? For example: emails, reports, white papers, policies, and procedures, etc.



**Section 3:**

- A) Please reflect on your motivation for participation. How will this professional development opportunity impact your job performance and help your organization be more effective?

- B) How did you hear about the Pennsylvania Certified Public Manager® program?



## PA CPM Program: Letter of Intent and Policy Understanding

I fully commit to:

- Complete all components of the program (note: if a course is missed, it must be completed within the next two years to obtain certification)
- Rearrange schedules as necessary to make time for the program
- Complete all program hours and complete the final PA CPM project
- Respect and adhere to the specified time frame for all assignments
- Actively engage in the learning process
- Apply skills learned through the PA CPM program in work environment
- Better serve the public as a trained leader and manager

I have read and understand the following program policies:

### Refund & Cancellation Policy

Refund %	Program Participation Duration
80%	Through Completion of Course 1
60%	Through Completion of Course 2
50%	Through Completion of Course 3
40%	Through Completion of Course 4
0%	After Completion of Course 4

### Program Accessibility

We accommodate persons with disabilities. Please call 717-871-7642 or e-mail [Hope.Schmids@millersville.edu](mailto:Hope.Schmids@millersville.edu). To ensure accommodation, please indicate your special needs at least two weeks before the start of the program. Millersville University is a community of people with respect for diversity and committed to providing programs and activities to all persons.

### Privacy Policy

Millersville University does not share, sell or rent their mailing lists. You have our assurance that any information you provide will be held in confidence by us. We occasionally use mailing lists that we have leased. If you receive unwanted communication from Millersville University it is because your name appears on a list we have acquired from another source. In this case, please accept our apologies.

### Likeness Policy

Millersville University may take photographs during workshop sessions to use for PA CPM publicity material in print or on the web. Additional information will be provided in the first workshop. Please provide Millersville University with written notification if you do not wish to be photographed.



**Consent for the collection and processing of sensitive or personal data from the European Union for admission and enrollment purposes**

- 1) Pursuant to the European Union General Data Protection Regulation (EU GDPR), the Pennsylvania State System of Higher Education and its member universities, including Millersville University of Pennsylvania (“University”), in its capacity as a data controller under the EU GDPR, must obtain explicit, affirmative consent before it can collect or process any sensitive or personal data for a lawful basis including for admission and enrollment purposes.
- 2) Sensitive data includes data revealing racial or ethnic origin; political opinions; religious or philosophical beliefs; trade union membership; genetic or biometric data; health data; or data concerning a person’s sex life or sexual orientation.
- 3) Any sensitive or personal data that is collected will be for the sole purpose of application for admission to the University that is sent from the EU and is necessary for that purpose or for any purpose permitting the use of sensitive or personal data under applicable law or to meet other compliance obligations of the University.
- 4) I understand that any sensitive or personal data that is collected will also be used to report serious illness, injury, or other health or emergency situations involving me, as well as to address or report discrimination, harassment, sexual or gender-based misconduct and criminal behavior which may be committed by or against me or otherwise involve me, on or off campus, to appropriate authorities including staff, faculty, and administrators of the University or appropriate legal or governmental authorities under applicable policies of the Pennsylvania State System of Higher Education or the University (including but not limited to applicable codes of conduct) and applicable laws (including but not limited to Title IX and the Clery Act).
- 5) I understand that refusal to consent to the use of sensitive or personal data, and the transfer of sensitive or personal data overseas, for the purpose outlined in this notice may make it impossible for the University to carry out necessary activities and may preclude the University’s ability to provide requested services.
- 6) I understand I have the right to withdraw consent to the collection and processing of sensitive or personal data and to do so, I must contact [Hope.Schmids@millersville.edu](mailto:Hope.Schmids@millersville.edu) at 717-871-7642. I also understand that the complete deletion of data will not be feasible in all situations to ensure the University’s ability to comply with regulatory requirements.

**I have read and agree to the terms above.**

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**Printed Name**

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**Applicant’s Signature**

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**Date**

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**Printed Name**

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**Supervisor’s Signature**

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**Date**