

OHIO CERTIFIED PUBLIC MANAGER PROGRAM
ODNR APPLICATION

Name Social Security Number

Job Title Division/Office

Work Mailing Address

Work Phone (Area Code) (Number) Fax (Area Code) (Number) E-Mail

Home Mailing Address

I hereby apply for candidacy in the Ohio Certified Public Manager program. I understand that this is a rigorous program and will require substantial commitment of time and effort.

Signature of Applicant Date

APPROVAL SIGNATURES

The Ohio Certified Public Manager (OCPM) program is designed for public managers. Signing this application form for an employee to attend the OCPM program indicates the agency's, **division's/office's**, and supervisor's approval and support to allow the employee to complete the entire program, usually over a two (2) year period. It also indicates approval and support for such things as participating in the training, traveling to training sites, and working on projects.

Signature of Immediate Supervisor Date

Signature of Division/Office Chief Date

Signature of Agency Director or Designee Date