**Certified Public Manager® Program Application**

**Class of 2027 Application**

The Certified Public Manager® (CPM) program is a nationally recognized professional development program for leaders in government. The National Certified Public Manager® Consortium monitors and accredits South Carolina’s program.

**The application deadline is May 1, 2025. Please email the completed application to** [**training@admin.sc.gov**](mailto:training@admin.sc.gov)**.**

You will receive an acknowledgement of receipt of your application. Our goal is to notify applicants accepted into the program by the end of June.

**Qualifications**

Applicants must:

|  |  |
| --- | --- |
|  | have a **bachelor’s degree or equivalent experience.** |
|  | have **three years of experience** with South Carolina state or local government at the time of application submission. |
|  | have **three years of supervisory experience at the time of application submission.** |
|  | have **three years of middle-management experience** *(those who supervise supervisors)* at the time of application submission; this experience can include supervising human capital (people) or programs. The experience does not have to be with state or local government. |

**Program Requirements**

* The SC CPM program consists of 300 hours of required coursework, two overnight retreats, two small group projects, a final project and an exam.
* SC CPM candidates participate in classes generally two days a month over an 18-month period. Additional time is needed for developmental activities required outside of classes.
* Only three days of absences are excused. Program participants must attend at least 90% of a class to receive full credit for the class.

**Commitments**

Applicant agrees to:

* fully participate in all components of the program.
* attend **all** scheduled courses. Participants must attend at least 90% of a class to receive credit for the class.
* complete each assignment in the specified time frame.
* actively engage in the learning process.
* apply learning on the job.

**Agency Payment Options**

Please select the payment option your agency prefers. (You must choose one.)

|  |  |
| --- | --- |
|  | Total tuition fee to be paid in full during the fiscal year the candidate begins the CPM program ($2,150). |
|  | Tuition to be paid over two fiscal years. One half of the tuition fee payable during the fiscal year the candidate begins the CPM program ($1,075). The remaining balance is payable during the following fiscal year. |

**Withdrawal Policy**

Candidates wishing to withdraw from the SC CPM program must submit a written request to the South Carolina Department of Administration’s (Admin) Director of Learning and Organizational Development.

The request must include the effective date of the withdrawal. Withdrawal requests cannot be backdated. The written request must also indicate the candidate’s decision to either resume participation with the next graduating class or their desire to be removed from further program participation.

If the candidate does not resume participation with the next graduating class, the candidate will have to reapply. Reapplying is not a guarantee of acceptance.

Refunds will be based on the withdrawal date and the CPM Refund Policy.

**CPM Refund Policy**

If a participant must withdraw from the program and cannot re-enroll the following year, a refund may be given according to the following guidelines:

**If full tuition is paid and participant withdraws:**

* on/before Oct. 1, 2025 $2,150 refunded
* between Oct. 2, 2025–Feb. 3, 2026 $1,075 refunded
* on/after Feb. 4, 2026 No refund

**If one half of the tuition is paid each fiscal year and participant withdraws:**

* on/before Oct. 1, 2025 $1,075 refunded
* between Oct. 2, 2025–July 1, 2026 No refund/no further payment due
* on/after July 2, 2026 Second installment is due (no refund)

**Applicant Details**

|  |  |
| --- | --- |
| Name: |  |
| Preferred Name (If Different): |  |
| MySCEmployee ID (SCEIS Username): |  |
| Agency: |  |
| Job Title: |  |
| Email: |  |
| Phone: |  |
| Cell Phone/Alternate Contact: |  |
| Agency Street Address: |  |
| City: |  |
| Zip Code: |  |
| Supervisor: |  |
| Supervisor Email: |  |
| Number of Years in State Government: |  |
| Do You Supervise Staff? | Yes  No If Yes, How Many? |

|  |  |
| --- | --- |
| Educational Background: |  |
| Number of Years of Supervisory Experience: |  |
| Number of Years of Middle-Management Experience: |  |
| Number of Employees Directly Supervised: |  |
| Total Number of Employees Supervised: |  |

**Supervisory Practices Pre-Requisite**

Completion of Supervisory Practices (offered through Admin) is a prerequisite for admission to the CPM program. **Supervisory Practices must have been completed after Sept. 1, 2020.** Please select the applicable option.

|  |  |  |
| --- | --- | --- |
|  | I completed Supervisory Practices on this date: |  |
| OR | | |

A Supervisory Practices session has been scheduled for CPM candidates on Aug. 13, 14, 20 and 21, 2025. The cost of the four-day session is $300. Your agency will be invoiced upon completion of the class.

|  |  |
| --- | --- |
|  | I have not completed Supervisory Practices and wish to be enrolled in the August 2025 session. |

**Applicant Questions**

Please describe your managerial role.

Briefly describe your functional or programmatic responsibilities.

Why are you interested in becoming a Certified Public Manager® graduate?

How will becoming a Certified Public Manager® graduate benefit you?

How will becoming a Certified Public Manager® graduate benefit your agency?

**Applicant Acknowledgement**

As an applicant to the CPM program, I confirm that the information provided is accurate to the best of my knowledge and I commit to the requirements of the program.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Name (Printed): |  | Date: |  |
| Applicant Signature: |  | | |

**Supervisor Recommendation and Signature**

Please provide a brief statement on why this applicant is being recommended for the SC CPM program below.

As the applicant’s **supervisor**/**manager**, I commit to:

* support the applicant’s participation in the CPM Program.
* work with the applicant to ensure they receive the support to allow them to commit to this program.
* develop the applicant’s leadership skills, knowledge and abilities.
* encourage and support CPM learning on the job.

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| --- | --- | --- | --- |
| Supervisor Name (Printed): |  | Date: |  |
| Supervisor Signature: |  | | |
| Supervisor Email: |  | | |

**Leadership Approval**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency Head/  Deputy Director/  Designee Signature: |  | |  | Date: |  |
| HR Director Signature: |  | |  | Date: |  |
| HR Director Email: |  |  | | | |