



# Application for the Oklahoma Certified Public Manager Program

*\*Unless your agency specifies otherwise, send completed application to:*

*Joyce Doakes Smith, CPM Coordinator  
Training and Development/Office of State Finance  
Jim Thorpe Building  
2101 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105  
Phone: (405) 522-3617 Fax: (405) 522-1752  
e-Mail: Joyce.Smith@osf.ok.gov*

**1.) Nominee's Section:** Please initial beside the statement and fill out the information below.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_ Employee ID Number \_\_\_\_\_

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

Agency \_\_\_\_\_ Phone Number (     ) \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

e-Mail Address \_\_\_\_\_

**2.) Immediate Supervisor's Section:** Please initial beside the statement and sign below.

\_\_\_\_ I approve this nomination and will allow the employee time at work to participate in the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

**3.) Appointing Authority's Section:** Please initial beside the statement and sign below.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_