



Alaska Certified Public Manager Program Application for CPM Certificate

Please indicate:

- \$35 Level 1: Certificate of Supervisory Management
- \$35 Level 2: Certificate of Associate Manager
- \$50 Level 3: Certified Public Manager designation

Please submit to:

CPM Statewide Administrator c/o UA Corporate Programs
1815 Bragaw Street Ste 102
Anchorage AK 99508
(907) 786-1531 Fax: (907) 786-1181

Participant Information

Name: (Last, First, MI)		UA Student ID or SS#:
Mailing address:		Email:
City State ZIP:		
Daytime phone:	Evening phone:	FAX:
Birthdate:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Previous or maiden name:
<input type="checkbox"/> Alaska resident	Number of years:	
<input type="checkbox"/> US citizen	<input type="checkbox"/> Other country, please indicate:	VISA type:

Employment Information

Name of employer:		
Employer's mailing address:		Email:
City State ZIP:		
Are you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years as a supervisor:	Years in current job:
Name of your supervisor:		Supervisor's phone number:
Did your supervisor recommend the CPM program: <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you take leave to attend classes:
Is your employer paying for this training? <input type="checkbox"/> In full <input type="checkbox"/> In part <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Education Information

<input type="checkbox"/> High school diploma <input type="checkbox"/> GED <input type="checkbox"/> None/Did not graduate		
HS/GED graduation date: Month _____ Year _____ State where received: _____		
Postsecondary information:		
<input type="checkbox"/> Vo-Tech school	<input type="checkbox"/> Associate degree	<input type="checkbox"/> Masters degree <input type="checkbox"/> Other: Indicate below
<input type="checkbox"/> Some college	<input type="checkbox"/> Bachelors degree	<input type="checkbox"/> Doctorate or equivalent _____

Statistical Information (Optional)	Payment Information
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<p><i>Please check all that apply:</i></p> <p>Ethnic Origin: <input type="checkbox"/>Alaska Native <input type="checkbox"/>American Indian <input type="checkbox"/>African-American <input type="checkbox"/>Asian/Pacific Islander <input type="checkbox"/>Hispanic <input type="checkbox"/>Caucasian</p> <p>Military Status: <input type="checkbox"/>Active Duty <input type="checkbox"/>Veteran</p> <p>Indicate branch of service: _____</p> <p><i>I certify that the above information is correct.</i></p> <p>Signature: _____</p> <p>Date: _____</p>	<p><input type="checkbox"/>\$35 Level 1 <input type="checkbox"/>\$35 Level 2 <input type="checkbox"/>\$50 Level 3</p> <p>Type of Payment:</p> <p><input type="checkbox"/>Check (# _____) <i>Payable to UA Corporate Programs</i></p> <p><input type="checkbox"/>Other (PO, etc.) _____</p> <p><input type="checkbox"/>Billing info: _____</p> <p><input type="checkbox"/>Credit card</p> <p>Card number: _____</p> <p>Expiration date: _____</p> <p>Print card holder name: _____</p> <p>Signature: _____</p> <p><i>Accounting Use: 80272-101010-9152</i></p>
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