

## Maryland Certified Public Manager® Program for Public Safety Professionals Supervisor Statement of Support

Applicant Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

- I support the above named applicant's application to the Maryland Certified Public Manager® Program for Public Safety Professionals.
- I verify that the applicant works for a public safety organization or a public safety unit of a nonpublic safety organization.
- I verify that the applicant meets the requirements for the program by serving in a supervisory or managerial role.

The applicant's main responsibilities are:

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- I understand that the program requires the applicant to attend the following sessions and I agree to allow him/her to have release time to attend classes listed below.

Orientation\* – December 16, 2019  
(9:00 a.m. – 12:00 p.m.)

Session 6: June 22 – 25, 2020  
Mid-Year Retreat \*\* (Residential)

Session 1: January 13 – 16, 2020  
Opening Retreat\*\* 2020 (Residential)

Session 7: August 17 – 18, 2020

Session 2: February 24 – 25, 2020

Session 8: September 28 – 30, 2020

Session 3: March 23 – 24, 2020

Session 9: October 26 – 27, 2020

Session 4: April 20 – 22, 2020

Session 10: November 16, 2020  
Capstone Presentations and Graduation

Session 5: May 18 – 19, 2020

\* The program orientation is held on campus at the University of Baltimore.

\*\* Residential retreats will have evening activities.

- I understand that the applicant will be required to complete a capstone project that demonstrates their ability to apply what they learned in the program to a problem or issue facing their agency. I agree to allow the applicant to work on a project related to our agency.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_