

Request for Certification

Please **print** your name below as you would like it to appear on your certificate.

Agency Name: _____

Your MELMS Identification Number: _____

Your telephone #: (_____) _____ - _____ X _____

I will be receiving: CSM designation _____ CPM designation _____

Do you plan to attend the graduation ceremony? YES ____ # attending* ____
NO ____

If you do not plan to attend the graduation ceremony, please write the address you would like for your certificate to be sent to:

According to your records, have you completed all requirements for the certificate listed above?

YES ____ Completion Date of Last Activity: _____

NO ____ If no, list type of activity (ex. book report, elective class, etc.) and anticipated completion date(s). _____

Please note that we welcome your spouse, family, and supervisor to attend the ceremony and short reception immediately following. An invitation will be sent to your agency director by the MCPM Program.

PLEASE SEND FORM TO:

Attn: Shondra Houseworth, MBA, CPM
Director of Management/Supervisory Training Programs
SPB Training Center
301 North Lamar St., Suite 203
Jackson, MS 39201
Fax to (601) 359-2717 or
Email: shondra.houseworth@mspb.ms.gov

Please contact the Director of Management/Supervisory Training Programs at (601) 359-2715, should you have any questions about certification requirements or graduation.