



Statewide Training & Development Center

Colorado State Change Management Boot Camp Application

Please fill in all fields completely. The gray areas will expand to accommodate your information. Please enter the name of your elective class in the indicated gray box. Incomplete applications will not be accepted.

Name:		Department:	
Division:		Address:	
Telephone:		Email:	

Class	Completion Date
Change Anything!	
Leading Organizational Change	
Fundamentals of Change Management	
Managing and Implementing Change in State Culture	

I certify that I have completed all classes as indicated on this form and have completed the eligibility requirements for the State Change Management Certificate Program.

Signature:		Date:	
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Name as you would like it to appear on your certificate (please print):

When complete, please email to dpa_prsnltraining@state.co.us. You must submit this completed form to receive your certificate. Your certificate will be mailed to the address indicated on this form.