



## Statewide Training & Development Center

### Colorado State Supervisory Certificate Program 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.

<b>Name:</b>		<b>Department:</b>	
<b>Division:</b>		<b>Address:</b>	
<b>Telephone:</b>		<b>Email:</b>	

Class	Completion Date
Increasing Personal Effectiveness	
Skills for Leading Teams Effectively	
Building A Retention Culture	
The Respectful Workplace	
Coaching Skills for Managers and Supervisors	

The last line is for you to input your elective class.

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

<b>Signature:</b>	<b>Date:</b>
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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](mailto: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.**