

**Certificate of Public Management  
Letter of Recommendation  
State of Oregon**

APPLICANT'S NAME:
WORKING TITLE:
AGENCY:
SUPERVISOR'S NAME:

***Please evaluate the applicant by marking the appropriate box:***

	Exceptional	Superior	Good	Average	Poor	Not Observed
Analytical Ability						
Motivation for Continuing Education						
Personal Ethics and Integrity						
Time Management						
Communication Skills						
Leadership						
Interpersonal Skills						
Initiative						
Ability to Work as a Team Member						
Ability to Teach Others						
Motivation for Overall Self-Improvement						
Overall Potential for Success in the Program						

Please discuss your evaluation of the applicant and the applicant's: 1) potential to make a good manager; 2) ability to make a positive contribution to state government; 3) ability to use the information gathered from the Certificate of Public Management Program in their current position or future positions within their agency; and 4) outside interests/volunteer activities. (If more room is needed please use the back and/or attach another page.)

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>Please return with the completed application form to:</p> <p>Kathy Shepherd Statewide Training &amp; Development DAS/Human Resource Services Division 155 Cottage St NE U-30, Salem OR 97301-3967 (503) 378-4477 <a href="mailto:kathy.j.shepherd@state.or.us">kathy.j.shepherd@state.or.us</a></p>
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