



## CPM WITH EXCELLENCE WORK PROJECT FORM

- Work Project must be completed during December - November reporting period.
- Eligible for 3 hours of *CPM with Excellence* credit; maximum of two Work Projects may be submitted during each annual reporting period.

Name of Participant	<i>CPM with Excellence</i> level completed to date:
Email Address	
Organization/Division	
Work Address (Street/City/Zip)	
Work Telephone No/Ext	
MAGIC Identification Number	

Complete sections A – C and obtain supervisor's signature. We recommend emailing the MCPM Director prior to completion of project for approval to use in *CPM with Excellence*.

A. Scope of Project: *(Describe the situation contributing to the need for the project and describe the best outcome of the project)*



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B. Benefit of CPM in the Project: *(principles learned from CPM, managerial competencies, etc.)*

C. Added value to Agency: *(Report the impact of project benefits and costs to the agency)*



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Participant Name	Signature	Date
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I have reviewed the project proposal of this manager and have determined that the project is appropriate for the organization and the development of the manager. I agree to assist in the administration and evaluation of the performance of this project:

Supervisor's Name	Signature	Date
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**PLEASE SEND FORM TO:** Shondra Houseworth, MBA, CPM, MCPM Program Director  
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