

**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 in 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: \_\_\_\_\_

Please return with the completed application form to:  
 Kathy Shepherd  
 Statewide Training & Development  
 DAS/Human Resource Services Division  
 155 Cottage St NE U-30  
 Salem OR 97301-3967  
 503-378-4477