

## **APPLICATION**

### Institute for Regional Excellence Regional Executive Development Program

Please type or print clearly.

	Last	First	MI
Name:			
Home Address	Street, City, State, Zip		
Nork Address	Street, City, State, Zip		
Celephone:	1	WORK	
Email:			
Current Positio	on:		
Department:		Division:	

**Part 2: Work Experience**: List all positions you have held within the last five years, with a short description of duties and responsibilities. Attach a separate piece of paper, if necessary.

Position / Organization	Dates Held	Duties



## **APPLICATION**

#### Part 3: Education, Relevant Training and Skills:

School	Degree	Year	Area of Concentration

Have you participated on a COG committee or COG initiative? Please use this space to explain: Attach a separate piece of paper, if necessary

#### **Relevant Training**

Training Courses	Dates Attended		

#### **Certificates and Licenses**

Types of Certificate / License	Date



## **APPLICATION**

#### **Computer Proficiency:** Please indicate programs and rate your level of proficiency accordingly.

Types	Major Programs	Excellent	Good	Satisfactory	Poor/None
Word Processing					
Spreadsheets					
Internet / Web					
Others (Please Indicate)					

#### Part 4: Awards, Recognition, Hobbies, Interests:

Attach a separate piece of paper, if necessary.

Other Relevant Information

**Part 5: Individual Essay**: Please attach a 2-3 page essay describing your response to the following question:

"What are one or two of the most pressing issues facing the metropolitan Washington region and why? What are some advantages and disadvantages of regional cooperation among local jurisdictions in addressing these problems? What leadership principles would help address these issues?"

**Part 6: Letter of Recommendation:** Please submit a letter of recommendation from a supervisor, colleague, or other person who can speak to your qualifications to participate in this program. The letter should be no more than 2 pages in length and should include the name and affiliation of the person making the recommendation.

#### Part 7: Signature

I certify that, to the best of my knowledge and belief, all of the information submitted in support of this application is true, correct, and complete.

Signature of Applicant:	Date:	
Signature of Supervisor:	Date:	

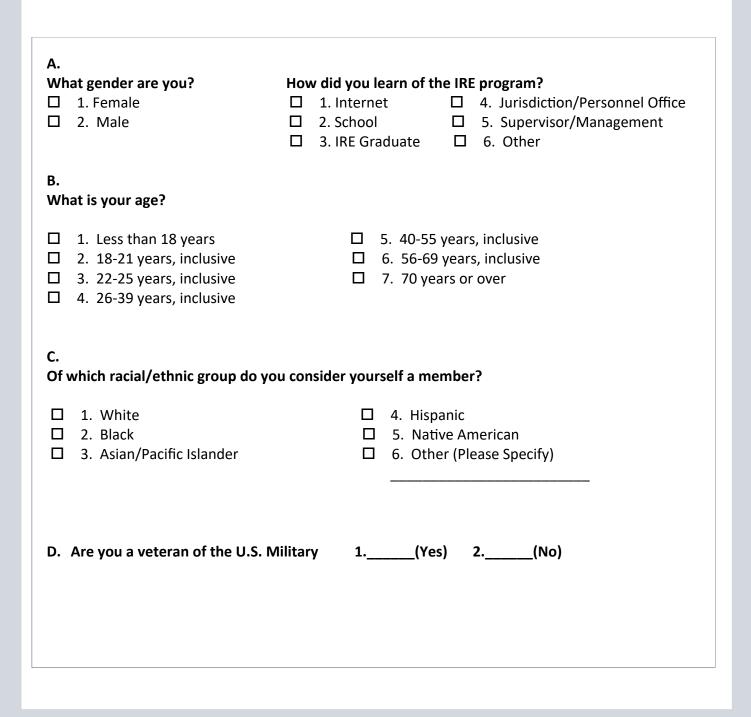


# **VOLUNTARY APPLICANT DATA FORM**

To All Applicants:

In order to find out how effective our recruitment efforts are in reaching all parts of our population, and to help us in the validation of our selection methods, we are asking each applicant to voluntarily give the following information. This information will in no way affect you as an individual applicant and will be separated from your application immediately.

Please place an "x" in the appropriate answer to each question below.





# **COHORT BILLING CONTACT INFORMATION**

Student Name		
Work Address		
Jurisdiction		Department
Position Title		
Work Tel.		Work Fax
Work Email		
Name of Supervisor		Supervisor Title
Work Tel.	,	Work Fax
Work Email		
	Billing Contact Inf	ormation
Name of Person to Send Invoice To		
Title of Person to Send In- voice To		
Billing Address		
Jurisdiction		
Telephone		Fax
Email	· · · · · · · · · · · · · · · · · · ·	

All invoices must be paid by August 30<sup>th</sup>. Failure to pay tuition in full will jeopardize your status in class. PLEASE NOTE: No Show and/or Withdrawal Policy: No Show: IRE Participants who fail to attend a course by October 19th will be considered as Withdrawal. If you fail to attend a course and/or drop the IRE course after October 19th if you will be responsible for tuition and withdrawal fees.

#### For COG Employees

In accordance with COG policy, This notice is a reminder that should you leave COG within one year of graduation from The Institute of Regional Excellence Certified Public Management Program, that you will be responsible for the full reimbursement to COG for the cost of IRE tuition (\$5,000). It is further understood that if the employee resigns or begins a terminal leave of absence from COG prior to the completion of this program that you will be responsible for responsible for reimbursing COG for the full tuition costs (\$5,000).

I understand and accept the terms listed above regarding my participation in the IRE program.

EMPLOYEE ACKNOWLEDGEMENT:

Employee Signature Date



### COG REGIONAL EXECUTIVE DEVELOPMENT PROGRAM APPLICATION

### DEADLINE

Applications must be received by the July 1, 2024 deadline.

Submit your completed application package to: ire@mwcog.org

Or by mail

Institute for Regional Excellence Farai Nzuwah, CPM Metropolitan Washington Council of Governments 777 North Capitol Street NE, Suite 300 Washington, DC 20002

For questions contact *Farai Nzuwah* Email: fnzuwah@mwcog.org Direct Phone: 202-962-3316

### **DESIGNATION AND FEES**

The 12-month Regional Executive Development Program (REDP) consists of 300 credit hours leading to a "Certified Public Manager®" designation upon successfully completing all classes and projects.

The fee is **\$5000.00** per participant, payable to the Metropolitan Washington Council of Governments before classes begin. An invoice will be sent to the student's member jurisdiction for payment.

### **APPLICATION CHECKLIST**

- ☑ Cover Letter
- ☑ Resume
- ☑ Official IRE Application Form
- ☑ Essay
- ☑ Letter of References
- Your application will be reviewed. Once notified that you are accepted to the program an invoice and a payment form shall be sent to your agency/jurisdiction.
  Payment should be submitted before classes begin.
- Payment Form and Check (Payable to Metropolitan
  Washington Council of Governments. Must be received two weeks before start of classes). If student plans on dropping out of the program, he/she must notify Larissa Fitzhugh in writing by the end of the first month of the first module.

For updates and further details, please visit IRE's website at: www.mwcog.org/ire