



## REQUEST FOR CERTIFICATION

Please type your name below as you would like it to appear on all graduation materials.

\_\_\_\_\_

Agency Name: \_\_\_\_\_ MAGIC Identification Number: \_\_\_\_\_

Agency Address:

Your telephone #: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

I will be receiving: CSM designation (CPM Levels 1-3) \_\_\_\_\_ Both CSM and CPM \_\_\_\_\_  
CPM designation (CPM Levels 4-6) \_\_\_\_\_

Do you plan to attend the graduation ceremony? YES \_\_\_\_\_ NO \_\_\_\_\_  
# Attending\* \_\_\_\_\_

*\* We welcome your spouse, family, and supervisor to attend the ceremony and reception immediately following. An invitation will be sent to your agency director by the MCPM Program.*

If you do not plan to attend the graduation ceremony, please write the address you would like for your certificate to be sent to:

**According to your records, have you completed all requirements for the certificate listed above?**

YES \_\_\_\_ Completion Date of Last Activity: \_\_\_\_\_

NO \_\_\_\_ If no, list type of activity remaining (ex. book report, elective class, etc.) and anticipated completion date(s): \_\_\_\_\_

**PLEASE SEND FORM TO:** Shondra Houseworth, MBA, CPM, MCPM Program Director  
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