

# cm | Certified Manager Certification Employer Reference Statement

## REFERENCE FORM REQUIREMENTS

This form should be completed by your current or most recent employer and signed at the bottom. Please scan the completed form and submit it with your CM application or remit it to [info@icpm.biz](mailto:info@icpm.biz).

## TO BE COMPLETED BY APPLICANT Applicant Information

Full Name:  Position:

Company:  Supervisor Name:

## TO BE COMPLETED BY EMPLOYER Employment information

The person named above has applied to the Institute of Certified Professional Managers to obtain the Certified Manager certification. All applicants are reviewed for eligibility before taking the CM certification exams.

You are being asked to support the candidacy of this applicant by verifying their employment and workplace responsibilities (managerial or non-managerial). You are **NOT** being asked to evaluate the candidate's performance.

Employer Representative's Name:  Position:

Email:  Business Phone:

Date of applicant's employment - Start:  Finish:

Does / Did applicant have management responsibilities? (yes or no)

If **yes**, please detail responsibility:

Signature:  Date: