



INTERNATIONAL CITY/COUNTY  
MANAGEMENT ASSOCIATION  
777 N Capitol St. NE, Ste. 500  
Washington, DC 20002-4290  
202.962.3680 | 202.962.3500 (f)  
icma.org

## Mid Career Managers Institute

### Application Form

#### Eligibility

Designed for ICMA members who are credentialed and want to engage in a focused course of study and connection with others who are mid-career. Also for those who may not yet be credentialed who have management experience which may be in fields other than local government AND who want to build strong ties with the profession and strengthen management skills with the goal of becoming credentialed managers. Successful completion of MCMI coursework and Management Application Project earns 6 months credit towards experience required to become an ICMA Credentialed Manager

#### Application

Complete this application form and send it along with your resume or curriculum vitae to: ICMA University Mid-Career Managers Institute, Attn: Nedra James. Send via email ([njames@icma.org](mailto:njames@icma.org)) or via mail to: ICMA, 777 North Capitol Street NE, Suite 500, Washington, DC 20002. You will be invoiced a non-refundable \$1,795 fee if accepted into the program.

To make it easier for you to complete, this application form is set up so that you can type in your information in the blocks provided in this PDF file. When you have completed your application, please print it out and mail it in with your resume and curriculum vitae.

Please direct any questions about program to Nedra James, Program Manager, ICMA University, at [Njames@icma.org](mailto:Njames@icma.org) (202) 962-3648.

Mr.  Ms. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Office Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Office Email: \_\_\_\_\_ Home Email: \_\_\_\_\_

ICMA Member  Yes  No ICMA Member Number: \_\_\_\_\_

Please contact me via:  Mail  Telephone  Email  At my:  Office  Home

I work in the checked ICMA region  SE  MP  MW  NE  WC

Do you have a preferred mentor? If so, who? \_\_\_\_\_ (Must be a credentialed manager)

**Commitment Signature**

I support \_\_\_\_\_'s participation in the Mid Career Manager's program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Description of your responsibilities

Brief description of your organization (number of employees, annual operating budget, function or service provided, etc.

List of professional honors, awards, or publications; professional or volunteer activities

What will you and your organization gain from your participation in ICMA University Mid Career Managers Leadership Program?