Waivers of ACPM classes are the exception rather than the rule. The philosophy of CPM programs nationwide is that students, regardless of their educational backgrounds, benefit from all CPM classes since the approach and course content are unique to this program. Waivers will be granted on a class-by-class basis based upon documentation that a college course or other relevant training classes with essentially the same content as a CPM class was taken and passed. All students, regardless of the number of classes waived, will be required to complete the Level One examination. No waivers will be granted in Levels Two and Three.

It is the responsibility of the ACPM participant to complete the Non-CPM Class Substitution form, attach sufficient documentation and submit to the UAF Professional & Workforce Development, P.O. Box 756180, Fairbanks, AK 99775.

The ACPM program staff will review the proof of previous study as submitted by ACPM participants. The original application with documentation remains with UAF Professional & Workforce Development.

Classes considered for substitution must meet one or more of the following criteria:

- Class was taken through the State of Alaska Division of Personnel. Current and former state employees who have taken classes from the Division of Personnel may request a transcript from DOP at the following email address doa.dop.doptraining@alaska.gov or by calling 907-465-4054 in Juneau. Please complete the application for substitution, attach the transcript and submit for review.
- Class is the content duplicate of that offered by the ACPM Program (see list below).
- Participant teaches the ACPM Program class and provides verification.

To be considered for substitution the following conditions apply:

- Class was completed within five years of the date of the participant’s request for substitution.
- Documentation of proof of attendance, satisfactory completion and content verification is provided (i.e., certificate of completion, sign-in sheet, workbook, syllabi, etc.).

Program classes that currently qualify for substitution are:

1. CPM001 - Quality Customer Service
2. CPM002 - The Role of Supervisor
3. CPM003 - Effective Interviewing and Hiring
4. CPM004 - Performance Management for Supervisors
5. CPM006 - The Supervisor as a Leader
6. CPM007 - Interpersonal Communications
7. CPM008 - Powerful Presentations
8. CPM009 - Key Issues in Employment Law
9. CPM010 - Effective Problem-Solving and Decision-Making
10. CPM011 - Effective Business Writing
11. CPM012 - Financial Reporting & Analysis

Please submit a separate form for each non-ACPM course submitted.
Alaska Certified Public Manager® Program
Non-CPM Class Substitution

Please submit a separate form for each non-ACPM course submitted.

For consideration of non-ACPM class substitution, please complete and submit this form to UAF Professional & Workforce Development, P.O. Box 756180, Fairbanks, AK 99775. Phone: 907-474-5042 Fax: 907-474-2631

<table>
<thead>
<tr>
<th>Date</th>
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Course for which you are seeking CPM credit ____________________________

**Supporting documentation**

Please provide evidence of the following:

- Four (4) years’ experience as a supervisor or manager

Please provide evidence of one of the following:

- Copy of the three (3) most recent evaluations reviewing this area
- Copy of a letter from your immediate supervisor confirming ongoing competence in this area

Class satisfies one of the following criteria:

- Class taken through the State of Alaska Division of Personnel
- Class content duplicates a course offered by ACPM Program
- Participate teaches the ACPM Program class and provides verification

**Class substitution documentation**

Please attach documentation of the following when submitting this form for review for class substitution:

- Yes No Proof of satisfactory completion
- Yes No Proof of certification (if applicable)

Date(s) of class attended ________________ Name of class provider ________________

Additional comments ____________________________________________________________

**Administrative Section**

Decision: [ ] Approved: ________ Rationale: ________

[ ] Denied: ________ Rationale: ________ Over 5 years ________ Attachments missing (See checklist above) ________ Not an exact substitute

Decision by: Name ________________________________ Title ________________________________ Date: ________________

Date received: ____________________

Received by: ________________________