

Please type or print clearly.

## 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 Washington metropolitan 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.

**A.**

**What gender are you?**

- ☐ 1. Female  
☐ 2. Male

**How did you learn of the IRE program?**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Internet     | <input type="checkbox"/> 4. Jurisdiction/Personnel Office |
| <input type="checkbox"/> 2. School       | <input type="checkbox"/> 5. Supervisor/Management         |
| <input type="checkbox"/> 3. IRE Graduate | <input type="checkbox"/> 6. Other                         |

**B.**

**What is your age?**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Less than 18 years     | <input type="checkbox"/> 5. 40-55 years, inclusive |
| <input type="checkbox"/> 2. 18-21 years, inclusive | <input type="checkbox"/> 6. 56-69 years, inclusive |
| <input type="checkbox"/> 3. 22-25 years, inclusive | <input type="checkbox"/> 7. 70 years or over       |
| <input type="checkbox"/> 4. 26-39 years, inclusive |  |

**C.**

**Of which racial/ethnic group do you consider yourself a member?**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. White                  | <input type="checkbox"/> 4. Hispanic               |
| <input type="checkbox"/> 2. Black                  | <input type="checkbox"/> 5. Native American        |
| <input type="checkbox"/> 3. Asian/Pacific Islander | <input type="checkbox"/> 6. Other (Please Specify) |

\_\_\_\_\_

**D. Are you a veteran of the U.S. Military**      1. \_\_\_\_\_(Yes)      2. \_\_\_\_\_(No)

## COHORT XXII 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			
<b>Billing Contact Information</b>			
Name of Person to Send Invoice To			
Title of Person to Send Invoice 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 25, 2025 will be considered as Withdrawal. If you fail to attend a course and/or drop the IRE course after November 13, 2025, 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 (\$6,000). 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 reimbursing COG for the full tuition costs (\$6,000).

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

EMPLOYEE ACKNOWLEDGEMENT:

\_\_\_\_\_  
 Employee Signature Date

### DEADLINE

Applications must be received by the July 15, 2025 deadline.

#### Submit your completed

application package to: [ire@mwkog.org](mailto:ire@mwkog.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 20002-4239

For questions contact *Farai Nzuwah*  
Email: [fnzuwah@mwkog.org](mailto:fnzuwah@mwkog.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 **\$6,000.00** 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 Farai Nzuwah 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.mwkog.org/ire](http://www.mwkog.org/ire)

