ARIZONA COURT EXECUTIVE (ACE) PROGRAM APPLICATION

AOC EMPLOYEE ONLY APPLICATION

Name:		Contact Phone #:	
Job Title/Grade:			
AOC Division:			
Supervisor:		Supervisor's Work Phone#:	

Length of service at AOC: _____ **Length of service in AZ courts:** _____

I meet the minimum criteria to fill an AOC slot in the Arizona Court Executive (ACE) program:

☐ Occupy an AOC position at Grade 23 or above (Spec VII, Manager II, Officer I) and supervise staff, AND
Please indicate number of direct reports: _____

☐ Have completed the Arizona Court Manager (ACM) program, are currently a Division Director or have been approved by the Director or Deputy Director to participate in ACE.
If you have completed the ACM program, please indicate completion date: _____

Using a separate sheet of paper, please respond to the questions below in support of your application to the Arizona Court Executive Program.

1. Why do you feel you should be accepted into the Arizona Court Executive program?
2. What has been your highest level management assignment in the courts?
3. What are your future plans in serving the court and applying the knowledge you gain in this program?

Certified Court Executive Seminars:

- Leadership (2.5 days)
- Essential Components (2.5 days)
- Education and Training (2.5 days)
- Visioning and Strategic Planning (2.5 days)
- Court Communications (2.5 days)
- Concluding Seminar (2.5 days)

Institute for Court Management (ICM) AZ Plus – Executive Capstone:

-Interdependence and Interdependencies
-Facilities, Security and Emergency Management
-Security and COOP

As participants in the ACE program, you are reminded that the same rules, conduct and ethical behavior expectations that apply in your regular court/work assignment also apply while participating in the Leadership Institute program.

To remain an active participant in the ACE program, I am committed to successfully completing **at least one ACE required course per year and completing the entire program within seven years**.

_____ _____ _____
Participant Name (print) Participant Signature Date

I **recommend** this employee for the ACE Program and will coordinate with this employee and their supervisor to ensure that he/she is available to attend all courses in which he/she is registered.

_____ _____
Division Director Signature of Approval Date

I **approve** the employee's participation in the ACE Program.

_____ _____
AOC Director or Deputy Director Date

Sumbit Appllication