

# CAREER FOCUS

PROFESSIONAL DEVELOPMENT  
CERTIFICATE PROGRAM

**Sept. 14 – Nov. 2, 2018**

Friday Mornings

8:30 a.m. to 11:30 a.m.

Guymon Fire Department

Fire Station 1, 402 NE 24th Street

“Thank you for allowing me to be a part of the Career Focus class. I have gained a new insight on what it means to be a leader. The information I received from the speakers has inspired me to grow in my professional life and as an individual. I truly appreciate the opportunity. Thank you,  
Jessica Martinez” - Class of 2017

Complete application and submit payment by September 5, 2018, to participate. Program contact is Melyn Johnson, MSG, 580.338.6246 or [director@mainstreetguymon.com](mailto:director@mainstreetguymon.com).

**Leadership and learning are indispensable to each other.**

— **John F. Kennedy**

## PROGRAM SESSIONS

**Program Introduction**

**Lunch with Past Participants**

*Sponsored by Apollo MedFlight. Thank you, Apollo!*

**People and Presentation Skills**

**Leadership Lessons**

**Sensitivity Training**

**Cultural Competency**

**Company Image**

**Ethics**

**Budgeting and Financials**

**Managerial Skills**

**Strategic Planning**

**Succession Planning**

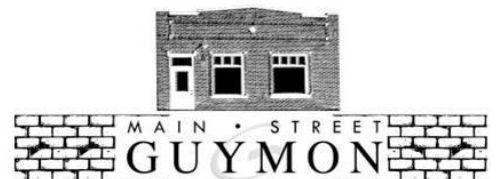
**Employee Relations**

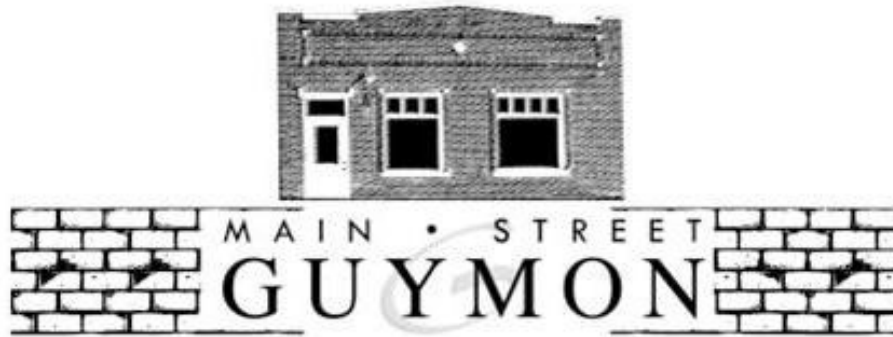
**Communication**

**Applying what you learned**

*Sessions are subject to change.*

Presented by  
**Main Street Guymon**  
with special thanks to  
the **Guymon Fire**  
**Department** as host.





## CAREER FOCUS: PROFESSIONAL DEVELOPMENT PROGRAM 2018 APPLICATION

### Personal Information

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Initial

\_\_\_\_\_

Prefer to be addressed as

\_\_\_\_\_

Business Name

\_\_\_\_\_

Position/Title

\_\_\_\_\_

Years in current position

\_\_\_\_\_

Business Mailing Address with City, State and Zip

\_\_\_\_\_

Telephone

\_\_\_\_\_

Email address (please list the email address you use most frequently)

**Why I wish to participate** (*Briefly state the reason for participating and what you hope to gain*):

### Applicant's Agreement

I understand the purpose of the Professional Development Program, **the requirement to miss no more than one class**, and that completion of this application does not guarantee my acceptance as a participant as space is limited.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Employer's Agreement

I fully support the application of my employee for the professional development certificate. I acknowledge that I am willing to make available the necessary time for full participation in all classes and will pay the program fee of \$250.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return the application and \$250 payment by September 5, 2018, to:*

**Main Street Guymon, P.O. Box 1393, Guymon, OK 73942**

Or email to [director@mainstreetguymon.com](mailto:director@mainstreetguymon.com)

*Note that class size is limited to 16 participants. Seats will be filled in the order applications are received.*

*Program presented by Main Street Guymon with special thanks to the Guymon Fire Department.*