



REQUIRED READING ABSTRACT FORM

****Note Please type information. Hand-written forms will not be accepted.****

Name: (last, first, middle initial):

MELMS Identification Number:

Organization/Division:

Work Telephone Number:

Address:

Email:

I Have Read The Book Mentioned Below And Wish to Submit it For a Required Reading Credit For:

CSM LEVELS I-III:

CPM LEVELS IV-VI:

I. Title of Book (Note: Book must be from the approved Reading List.):

II. Author:

III. Please summarize major points in book. (This should be a BRIEF NARRATIVE OVERVIEW.)

IV. Please indicate how you can apply information/principles from this book to your work setting.

Signature

Date

MCPM Program Director Approval

Date

Hand Mail To: Office of Workforce Development, Mississippi State Personnel Board
210 East Capitol Street, Suite 350, Jackson, Mississippi 39201
Jackson, MS 39201 HANDMAIL

Please send form to:

Shondra Houseworth, MBA, CPM
MCPM Program Director
210 East Capitol Street, Suite 350
Jackson, MS 39201
Fax to (601) 359-2717 or
Email: shondra.houseworth@mspb.ms.gov
For questions call: (601) 359-2715