



Certificate in Nonprofit Human Services Management Program

2026 - 2027 Application

Supervisor's Recommendation Form

To be completed by the applicant's supervisor.

**One recommendation form must be submitted for each individual applicant*

Applicant's Name: _____

Organization: _____

Supervisor's Name: _____

Supervisor's Title: _____

Phone: _____

Email: _____

- I have supervised the applicant for _____ years and have known the applicant's work for _____ years.
- In five years, I expect the applicant could assume a position such as _____.

I recommend the applicant for participation in the Certificate in Nonprofit Human Services Management Program.

Please also attach a signed recommendation letter (No more than 1 page)

Supervisor's Signature _____

Date _____

Agency Commitment Form

To be completed by an authorized representative of sponsoring agency.

Tuition Fees:

• *Certificate in Nonprofit Human Services Management Program - Suffolk University*

Members

\$3,650

Non-Members

\$7,000

Please read the below information and sign to acknowledge:

As the applicant's Sponsoring Agency representative, I have included a \$50 non-refundable Agency Application Fee (a one-time fee, regardless of the number of applicants) along with this application and I agree to pay the above tuition fee of \$_____.

"I understand that the \$50 application fee is non-refundable and the above tuition fee is not refundable after my employee attends the first class meeting. I understand that participants in the program must attend all classes to be eligible to graduate. My agency agrees to give enrolled employees paid time off in order to attend these classes and to adjust their work requirements accordingly for the duration of the program. I understand that all Certificate Program enrollees will commit themselves to continued employment with their sponsoring agency for at least one year following their graduation."

Authorized Representative Signature: _____

Date: _____

Authorized Representative Name: _____

Title: _____

Return completed application, with application fee made out to the **Human Service Providers Charitable Foundation, Inc.**, by **June 1, 2026** to: *Certificate Program Admissions, Providers' Council, 100 Crossing Blvd. Suite 100, Framingham, MA 01702.*

Questions? Contact Nina Lamarre at nlararre@providers.org or 508.599.2256