



CORRECTIONS  
CERTIFICATION PROGRAM

APPLICATION



# CERTIFICATION APPLICATION

To process your application you must fill out the application, declaration form and payment. MAIL: completed form with check or purchase order to: Mike Miskell, ACA, 206 N. Washington St., Suite 200, Alexandria, VA 22314; or EMAIL: MichaelM@aca.org. If you have any questions please contact Mike Miskell at MichaelM@aca.org.

(Please print legibly. Print your name as you wish it to appear on the certification certificate

ACA Member ID# \_\_\_\_\_

Nonmember

*(If you become an ACA member now, you will receive a discount on your certification fees. See the table of certification fees on the next page.)*

## **Personal Information**

Preferred Address

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Employment Information**

Preferred Address

Agency/Facility: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title/Current Position: \_\_\_\_\_

I have been working in this position for a total of \_\_\_\_\_ years.

I have been working in corrections for a total of \_\_\_\_\_ years.

## **Education**

My highest level of education is \_\_\_\_\_.

## **Exam**

Please select the following Certification Exam you wish to take.

(Note: The exam level must agree with your current position.)

Management/Nursing	Correctional Behavioral Health
<input type="checkbox"/> Health Services Administrator (CHSA)	<input type="checkbox"/> CBHC-CO Correctional Officer (Juv)
<input type="checkbox"/> Certified Corrections Nurse/Manager (CCN/M)	<input type="checkbox"/> CBHC-CO Correctional Officer (Adult)
<input type="checkbox"/> Certified Corrections Nurse (CCN)	<input type="checkbox"/> CBHC-BS Behavioral Specialty
	<input type="checkbox"/> CBHC-CC Community Corrections

**Certification Fees**

	ACA members	Non-members
Behavioral Health	<input type="checkbox"/> \$195	<input type="checkbox"/> \$240
Nurse/Manager	<input type="checkbox"/> \$235	<input type="checkbox"/> \$295
Nurse	<input type="checkbox"/> \$180	<input type="checkbox"/> \$225
Health Services Administrator	<input type="checkbox"/> \$235	<input type="checkbox"/> \$295

**Study Materials**

*Study Packets are highly recommended.*

Management/Nursing (add cost of shipping and handling)	
<input type="checkbox"/> Certified Corrections Nurse/Manager	\$115.00
<input type="checkbox"/> Certified Corrections Nurse	\$ 80.00
<input type="checkbox"/> Health Services Administrator	\$207.90 (member rate) \$169.40
Correctional Behavioral Health (shipping and handling cost is included)	
<input type="checkbox"/> CBHC-CO Juvenile (Correctional Officer Juvenile)	\$45.00
<input type="checkbox"/> CBHC-CO Adult (Correctional Officer Adult)	\$45.00
<input type="checkbox"/> CBHC-BS (Behavioral Specialty)	\$45.00
<input type="checkbox"/> CBHC-CC (Community Corrections)	\$45.00

ACA Shipping and Handling	
Up to \$10.00	\$7.75
11-25	\$11.50
26 to 50	\$15.50
51-75	\$17.50
76-100	\$21.00
101-199	\$25.00
200-299	\$30.00
300-399	\$35.00
400-499	\$37.50
500-599	\$42.50
600-699	\$45.00
700-799	\$50.00
800-899	\$52.00

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**Payment**

Check here to enroll as an ACA member at the basic membership rate of \$35 for one year. (Please add \$35 to the ACA member rate below for your total payment. By becoming an ACA member you can save between \$35 and \$65 on certification fees. Check out our website at [www.aca.org](http://www.aca.org).

Check or Money Order made payable to ACA Certification Program (Check # \_\_\_\_\_)

Charge to:  VISA  MASTERCARD  AMEX  DINERS CLUB

PRINT Cardmember Name \_\_\_\_\_ Cardmember Signature (required) \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Account Number**

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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**Exp. Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**V-code**

***Cancellation Policy:***

Examinations that are canceled by ACA due to severe weather and/or a natural disaster and/or necessity as defined by ACA will be rescheduled as soon as possible. There will be no additional charges. In the event of such a cancellation, ACA shall not be held responsible for any airfare, charges, or any other expenses incurred by the individual/individuals, and shall not be required to return any fees paid by the individual/individuals. If an exam is scheduled for an individual but not administered to that individual, due to the fault of that individual, on the date scheduled, ACA will charge a cancellation fee equal to 25% of the certification examination fee. An individual may retract his/her application for examination if Certification Staff receives a written request. The request should detail the special circumstances that occurred; e.g., no longer employed in corrections, promoted or demoted, etc. A refund of the examination fee, minus a \$75 dollar processing charge, will be assessed.

# APPLICANT CERTIFICATION DECLARATION

I have read the American Correctional Association's Code of Ethics. My signature below attests to my agreement to uphold this Code of Ethics and to not engage in any examination improprieties.

All my answers on this Application are correct, to the best of my knowledge. I hereby authorize the Certification Commission/Staff to investigate my background as it relates to the information in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in denial or revocation of my certification.

I further agree to hold the Corrections Certification Program, the American Correctional Association, its officers, board members, employees, and examiners free from any civil liability for damages or complaints by reason, for any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure to issue a certification certificate.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

# SUPERVISOR CERTIFICATION DECLARATION

I am the Applicant's Immediate Supervisor and confirm that the Applicant has received satisfactory (or better) performance evaluations in his/her current position during the past year and is a person in good standing at his/her workplace.

Print Supervisor's Name: \_\_\_\_\_

Print Supervisor's Job Title/Position: \_\_\_\_\_

I confirm the applicant's current position to be at the level of (check one):

- Nurse (CCN)
- Nurse/Manager (CCN/M)
- Health Services Administrator (CHSA)
- Officer (CBHC-CO Adult)
- Officer (CBHC-CO Juvenile)
- Allied Health (CBHC-BS)
- Community Corrections (CBHC-CC)

Supervisor's Signature: \_\_\_\_\_ F cvg<u

Print Name of Institution: \_\_\_\_\_