

The Corrections Certification Program



Application Form



American Correctional Association
206 N. Washington St.
Alexandria, VA 22314
(703) 224-0175
Fax: (703) 224-0166
www.aca.org

Version Oct/08

Application Checklist

Please complete all of the enclosed forms (PRINT or type information) and mail them to the address on the front cover 30 days prior to the exam date. Or you can fax the completed application to Peg O'Brien at 703-224-0166. Please allow ACA four (4) months to set up a proctored exam.

To be submitted by each applicant:

- Application for Certification** (pages 3-6)

- Certification Declaration** form (page 8)

- If necessary, **Special Examination-taking Accommodations** form (page 9)

- Correct Application/Examination Fee**

Submit completed pages: 3, 4, 5, 6, 8, 9 (if applicable) and 10, and the appropriate fee to the address on the cover at least thirty days (30) before examination date.

APPLICATION for Certification

PRINT OR TYPE —print your name as you wish it to appear on the certification certificate.

NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ Fax: _____

E-mail: _____

AGENCY/FACILITY: _____

WORK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ Fax: _____

E-mail: _____

JOB TITLE/CURRENT POSITION: _____

1. Indicate which of above is your preferred mailing address (Check [✓] only ONE):

- Home Work

2. a. CURRENT occupational group in agency's Table of Organization (Check [✓] only ONE):

- Executive**—highest level staff who oversee policy/procedure development/implementation.
- Manager**—manages major units/programs, may contribute to policy/procedures, is responsible for implementation, and has authority over supervisory staff.
- Supervisor**—“mid-management” personnel who work with both staff and offenders, responsible for implementing agency procedures, and for supervising/evaluating personnel.
- Officer**—“line” personnel who work directly with offenders.

2. b

AREA:	Adult	<input type="checkbox"/>	Juvenile	<input type="checkbox"/>
	STG	<input type="checkbox"/>	Nurse	<input type="checkbox"/>

(Check [✓] only ONE)

3. One year or more in present position (Check [✓] only ONE):

Yes No

4. Education (last degree completed)—Check [✓] only ONE:

- Post-Graduate degree (e.g., Masters, MD, JD, Ph.D.)
- College Graduate—four years (i.e., Bachelors)
- Nursing Diploma—three years
- Associate/Technician Degree—two years (e.g., AA)
- High School Graduate or GED

For nurses: RN LPN LVN Other _____

5. Total on-the-job experience in all full-time corrections positions (Check [✓] only ONE):

- | | |
|--|--|
| <input type="checkbox"/> less than one year | <input type="checkbox"/> five to less than seven years |
| <input type="checkbox"/> more than one but less than two years | <input type="checkbox"/> seven to less than ten years |
| <input type="checkbox"/> two to less than five years | <input type="checkbox"/> ten or more years |

6. I am currently a member of (Check [✓] only ONE for both (6a) and (6b)):

6a – American Correctional Association Yes No

If **YOU** are a member of ACA, ID #: _____

6b – Other Corrections-related groups Yes No

If “Yes,” name(s): _____

<p>CALL TODAY ! 1 - 800 - ACA - JOIN www.aca.org [Join <u>now</u> and receive 20% ACA-member discount.]</p>
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7. My preference is to take the Certification Examination (Check [✓] only ONE):

- at the next ACA Winter Conference;
- at the next ACA Summer Congress;
- at the following alternate date/site *

Decision needed before 2-year expiration date
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(Visit ACA's website to view an updated exam schedule. <http://www.ACA.org>):

_____ / _____ / _____ at _____ .†

* ACA will arrange for a certified corrections professional to proctor the exam for you if you cannot go to any of the scheduled exam sites. Please allow four (4) months for ACA to set up a proctored exam site. Email Peg O'Brien at pobrien@aca.org to arrange this option.

8. I wish to apply for special examination-taking accommodations (Check [✓] only ONE):

- NO YES (Complete and return page 9.)

NON-DISCRIMINATION: The Corrections Certification Program and the American Correctional Association, in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in any of its policies, procedures, or practices, nor does the Program or the Association discriminate on the basis of sexual orientation.

ADDITIONAL INFORMATION: The Corrections Certification staff may need to request additional information if a question arises concerning the material you have provided. Such information will be maintained as confidential and will not be made available to any non-certification personnel without the applicant's prior written consent.

Print Your

Name: _____

9. I wish to take the following Certification Exam. (Check [✓] only ONE): Note: Certification exam level must agree with your current position.

	ACA members	Non-members
Executive (CCE) ---	\$260	\$325
	<input type="checkbox"/> CCE (Adult) <input type="checkbox"/> CCE/Juv (Juvenile)	
Manager (CCM) ---	\$235	\$295
	<input type="checkbox"/> CCM (Adult) <input type="checkbox"/> CCM/Juv (Juvenile) <input type="checkbox"/> CCM/STG (Security Threat Group)	
Supervisor (CCS) --	\$180	\$225
	<input type="checkbox"/> CCS (Adult) <input type="checkbox"/> CCS/Juv (Juvenile) <input type="checkbox"/> CCS/STG (Security Threat Group)	
Officer (CCO) ----	\$140	\$175
	<input type="checkbox"/> CCO (Adult) <input type="checkbox"/> CCO/Juv (Juvenile)	

Nurse Certification Fees: **ACA members** **Non-members**

Nurse/Manager		
<input type="checkbox"/> (CCN/M) -----	\$235	\$295
Nurse		
<input type="checkbox"/> (CCN) -----	\$180	\$225

10. Payment of Certification Examination Fee (Check only ONE payment method.)

7a. Check or Money Order payable to: **ACA Certification Program**

7b. Institution Purchase Order #: _____

7c. If selected, then **Choose [✓] ONE** of the following: Charge my —

American Express Diners Club MasterCard VISA

Card #: _____ Expiration Date: _____

Validation # (on back of card): _____ Amount: \$ _____

PRINT Name on Credit Card: _____

Signature: _____

Code of Ethics

Certified Corrections Professionals (CCPs) are expected to display unfailing honesty, respect for the dignity and individuality of human beings, and a commitment to professional and compassionate service. To this end, CCPs must subscribe to the American Correctional Association's Code of Ethics, as follows:

CERTIFIED CORRECTIONAL PROFESSIONALS will:

- RESPECT and protect the civil and legal rights of all individuals.
- TREAT every professional situation with concern for the welfare of the individuals involved and with no intent to personal gain.
- MAINTAIN relationships with colleagues to promote mutual respect within the profession and improve the quality of service.
- MAKE public criticism of their colleagues or their agencies only when warranted, verifiable, and constructive.
- RESPECT the importance of all disciplines within the criminal justice system and work to improve cooperation with each segment.
- HONOR the public's right to information and share information with the public to the extent permitted by law subject to individuals' right to privacy.
- RESPECT and protect the right of the public to be safeguarded from criminal activity.
- REFRAIN from using their positions to secure personal privileges or advantages.
- REFRAIN from allowing personal interest to impair objectivity in the performance of duty while acting in an official capacity.
- REFRAIN from entering into any formal or informal activity or agreement which presents a conflict of interest or is inconsistent with the conscientious performance of duties.
- REFRAIN from accepting any gifts, service, or favor that is, or appears to be, improper or implies an obligation inconsistent with the free and objective exercise of professional duties.
- DIFFERENTIATE, clearly, between personal views/statements and views/statements/ positions made on behalf of their agency.
- REPORT to appropriate authorities any corrupt or unethical behaviors in which there is sufficient evidence to justify review.
- REFRAIN from discriminating against any individual because of race, gender, creed, national origin, religious affiliation, or any other type of prohibited discrimination.
- PRESERVE the integrity of private information; refrain from seeking information on individuals beyond that which is necessary to implement responsibilities and perform their duties; refrain from revealing non-public information unless expressly authorized to do so.
- MAKE all appointments, promotions, and dismissals following established civil service rules, applicable contract agreements, and individual merit, rather than personal interest.
- RESPECT, promote, and contribute to a work place that is safe, healthy, and free of harassment in any form.

Certification DECLARATION

To be completed by Applicant:

A. I, _____
(Print Name)
am applying for Certification status. As part of my application process, it is necessary to document (in addition to other information) that I have been in my current position:

_____ since _____.
Job Title/Position **Date**

B. 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.

C. 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**



D. **To be completed by Applicant's Immediate Supervisor** **Date** _____

The above individual 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 **Signature**

_____; _____
PRINT Job Title/Position **PRINT Institution**

Application for Examination-taking ACCOMMODATIONS

I wish to apply for special examination-taking accommodations.

I. Nature of my disability: _____

II. Diagnosed by: _____

Who is a: _____ in _____

Title

Specialty

III. At my place of employment the following accommodations are provided:

IV. I am requesting examination-taking accommodations at this time, because: _____

V. The examination-taking accommodations being requested are (**Check [✓] ALL that apply**):

- | | |
|---|--|
| <input type="checkbox"/> Extra time | <input type="checkbox"/> Audio-tape of examination |
| <input type="checkbox"/> Exam printed in large type | <input type="checkbox"/> Other: _____ |

VI. _____ Date: _____

Signature

Thank You !

For Certification Staff use, only:

Special Accommodation(s): **Approved** **Not Approved** (if NOT, reason)

Staff Member: _____ Date: _____

**How did *YOU* find out about this Certification
Program?**

[Please check () ALL that apply] :

- a. ACA conference
 - b. ACA website
 - c. Affiliate, state, local, or other organization's conference
 - d. Agency staff
 - e. Colleague
 - f. Conference/Congress Program/Planning Guide
 - g. Corrections Compendium
 - h. *Corrections Today* magazine
 - i. E-mail blast
 - j. Flyer
 - k. Mailed brochure
 - l. *On-the-Line* newsletter
 - m. Printed Catalogue
 - n. Supervisor
 - o. Training Academy
 - p. Other: _____
- _____
- _____

Thank You !

Examination/Capabilities Areas

Certification Staff will send you a list of source materials from which the examination questions were drawn. Questions on the CCP exams are based on: Competency Profiles developed during DACUMs sponsored by the National Institute of Corrections, specific texts, a consensus of the members of the Commission on Correctional Certification, and other relevant sources. Each exam consists of 200 multiple-choice items, dealing with the following areas¹:

CCE=Executive CCM=Manager CCS=Supervisor CCO=Officer

Principal Capability Areas:	CCE	CCM	CCS	CCO
Change Management	✓			
Ethics				✓
Expertise/Legal Issues		✓	✓	✓
General Knowledge		✓	✓	✓
Health/Safety/Sanitation				✓
Human Resources	✓	✓	✓	
Internal/External “Climate”		✓	✓	
Leadership	✓			
Managing a Department		✓		
Offenders -Management/Control		✓	✓	✓
Operational Oversight	✓			
Skills & Equipment Control				✓

A grade of 75% or higher is required to pass each examination; a score of 90% or higher earns a **pass-with-honors** credential.

¹ **Specialty Area** examinations consist of 125 of the category items *plus* 75 questions dealing with Specialty Area content; e.g., Juvenile, Security Threat Groups, etc.

Nicholas Demos, a retired US Dept. of Justice official, heard about ACA's Certification Program and e-mailed: "Nearly 20 years ago I worked on [certification] quite intensively while at [the Department of] Justice. ... One has only to read the newspapers everyday to know the importance of establishing higher standards and supporting the certification process for corrections."



Package Price

Corrections-related Agencies/Facilities can qualify for a special– Package Price – discount by signing a formal contract (Memorandum of Understanding) in which the agency/facility agrees to pay during a two-year period reduced Certification fees for a specified number of its employees. For details, and to set this Package price process in motion, contact Peg O'Brien, M.A., CCM, Manager, Certification Program at pobrien@aca.org.