



# American Correctional Association

## Professional Development

### Faculty Questionnaire



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Certified Corrections Professional  Yes  No If yes, which?

CCO  CCS  CCM  CCE

Other Certification \_\_\_\_\_

Job Title \_\_\_\_\_

ACA Membership # (membership required) \_\_\_\_\_

Social Security # \_\_\_\_\_

(ACA automatically sends a 1099 form for income over \$600.00)

**HOME:**

Address \_\_\_\_\_

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

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

**OFFICE:**

Agency/Organization \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Pager \_\_\_\_\_

I prefer to be contacted at:  Home  Office

The best time to reach me is:  Morning  Afternoon  Evening

**EDUCATION:**

***Undergraduate***

School Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Degree(s) \_\_\_\_\_  
Year \_\_\_\_\_  
Major(s) \_\_\_\_\_

***Graduate***

School Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Degree(s) \_\_\_\_\_  
Year \_\_\_\_\_  
Major(s) \_\_\_\_\_

***Post-Graduate***

School Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Degree(s) \_\_\_\_\_  
Year \_\_\_\_\_  
Major(s) \_\_\_\_\_

**SPECIAL TRAINING:**

List any specialized training you have received that you would like to add to your application qualifications.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I would like to be considered as a faculty member for:

Online Corrections Academy    Training    Technical Assistance    All

**EXPERIENCE:**

***Discipline(s):***

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Community Residential               | <input type="checkbox"/> Juvenile Community Residential   |
| <input type="checkbox"/> Adult Correctional Boot Camp              | <input type="checkbox"/> Juvenile Correctional Boot Camp  |
| <input type="checkbox"/> Adult Correctional Institutions           | <input type="checkbox"/> Juvenile Day Treatment           |
| <input type="checkbox"/> Adult Local Detention Facilities          | <input type="checkbox"/> Juvenile Detention Facilities    |
| <input type="checkbox"/> Adult Parole Authorities                  | <input type="checkbox"/> Juvenile Probation and Parole    |
| <input type="checkbox"/> Adult Probation and Parole Field Services | <input type="checkbox"/> Juvenile Correctional Facilities |

Other \_\_\_\_\_  
Number of years of full-time corrections work \_\_\_\_\_

I have provided training/technical assistance on the following topics: (Attach extra sheets if necessary.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I would like to provide training for ACA on the following topics: (Attach brief description, objectives, and target audience.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

I can provide Technical Assistance in the following areas:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**ONLINE CORRECTIONS ACADEMY:**

I would like to develop college-level, pre-service or in-service training courses for ACA’s Online Corrections Academy in the following areas:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**REFERENCES:**

Please list contact information for three references. Include their name, address, phone number, and email, if known. (References should include prior Training and Technical Assistance clients, if any.)

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach this form to your resume, a letter of intent, and writing sample, and forward to:

**Kathy Black-Dennis**  
Corrections Profession Specialist  
American Correctional Association  
206 N. Washington Street, Suite 200; Alexandria, VA 22314  
1-800-222-5646 ext. 0174  
[kathyd@aca.org](mailto:kathyd@aca.org)