

The Corrections Certification Program



Application Form



American Correctional Association

4380 Forbes Blvd.

Lanham, Maryland 20706-4322

(301) 918-1876

Fax: (301) 918-1926

www.aca.org

Corrections Certification Program

Application Checklist

Please complete all of the enclosed forms (PRINT or type information) and mail them to the address on the front cover. Please read all Application instructions carefully. Be sure to **submit documentation** where required—i.e. ALL underlined items, below; failure to do so will delay the processing of your Application.

To be submitted by each applicant—must include ALL underlined documentation:

- Application** for Certification (pages 3-5: Heading PLUS Items 1 thru 7)
- Notarized Certification **Declaration** form (page 7: Items A thru D)
- Examination** application form (page 8: Items 1 thru 3)
- If necessary, Special Examination-taking **Accommodations** form (page 9)
- A **table of organization** showing applicant's current position, *AND* a detailed **position description** containing duties and responsibilities. (Item 2; page 3)
- Education** achievement—e.g., **copy of highest academic degree** (Item 4, page 4)
- A **résumé** showing length of present **corrections experience** and dates of previous employment history (Item 5, page 4)
- Current **ACA membership**, if applicable—e.g., **photocopy of membership card** (Item 6, page 4)
- Correct Application/Examination **Fee** (page 5)

3, 4, 5, 7, 8, 14

**Deadline - - Fifteen days — 15 —
*before test date.***

For assistance in completing these forms, see INSTRUCTIONS (pages 10—12). If you have any additional questions, please contact Certification Staff by phone or fax at the numbers listed on the cover page.

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APPLICATION for Certification

PRINT OR TYPE

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. CURRENT occupational group in agency's Table of Organization (Check [✓] only

ONE): Documentation—agency Table of Organization with applicant's position highlighted AND an official position description

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.

AREA: Adult Juvenile
STG Nurse (Check [✓] only ONE)

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

Documentation—Résumé

- Yes No

4. Education (last degree completed)—Check [✓] only ONE: Documentation—Photocopy of highest educational diploma/degree from an accredited academic institution OR official transcript of completed credits hours.

- Post-Graduate degree (e.g., Masters, MD, JD, Ph.D.)
 College Graduate—four years (i.e., Bachelors)
 Associate/Technician Degree—two years (e.g., AA)
 High School Graduate or GED [If lost or missing, a notarized letter from the applicant stating date of diploma and High School name, address, city, state, zip code, will be acceptable.]

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

Documentation—Résumé

- | | |
|--|--|
| <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)):

Documentation—Photocopy of current membership card for 6a

- 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 !</p> <p>1 - 800 - ACA - JOIN</p> <p>www.aca.org</p>

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Enclosed Examination fee: Check [✓] only ONE [must agree with Item 2, page 3.]

		Specialty Areas:				
		ACA members [†]	Non-members	Juv	STG	Nurse
<input type="checkbox"/>	Executive (CCE) - - -	\$260	\$325	•		
<input type="checkbox"/>	Manager (CCM) - - -	\$235	\$295	•	•	•
<input type="checkbox"/>	Supervisor (CCS) - - -	\$180	\$225	•	•	•
<input type="checkbox"/>	Officer (CCO) - - -	\$140	\$175	•		

[†] If you are an ACA member, ID# _____

7. Payment (Select [✓] only ONE payment method—7a, 7b, or 7c):

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: _____

* Usually near signature block

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.

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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 . . . , 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 view/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.

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Certification DECLARATION

To be completed by Applicant:

A. I, _____
(print NAME as you wish it to appear on Certification Certificate)

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**

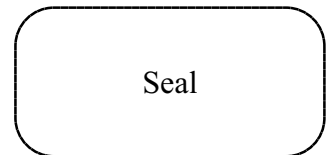
B. I have read the American Correctional Association's Code of Ethics. My signature below attests to my agreement to uphold this Code of Ethics (see Page 6) and to not engage in any examination improprieties.

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**

Notary'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**

Corrections Certification Program

Certification EXAMINATION—Application

NAME: _____

AREA: Adult Juvenile STG Nurse (Check [✓] ONE)

1. I wish to take the Certification Examination for (Check [✓] only ONE):

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

2. 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 (see enclosed list and/or information on: <http://www.ACA.org>):
_____/_____/_____at_____.

Decision needed **before** 2-year expiration date

[A site near you can be set up provided 15 Candidates agree to take their exam at same place/time]

- at a near-by LaserGrade, LP testing center - - requires payment of an addition \$35 fee.††

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

- NO** (mail form and all enclosures to address on front cover) **YES** (complete page 9)

† APPLICATION must be received by us not later than 15 days before selected test date.

†† Include the additional \$35 charge [Exam Fee (p.5) + \$35] with your payment, if you select this option.

Your interest in THE CORRECTIONS CERTIFICATION PROGRAM is appreciated.

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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

For Certification Staff use, only:

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

Staff Member: _____ Date: _____

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INSTRUCTIONS

for completing APPLICATION for Candidate Status

Page 3 – Heading

PRINT or type full name (First name, Middle Initial, Last Name); e.g., JOHN A. PROFESSIONAL.

PRINT or type **home** address; e.g., 104 CORRECTIONAL WAY.

PRINT or type City, STATE, Zip Code; e.g., ANYWHERE, EUPHORIA, 22222-1040.

PRINT or type telephone number; e.g., (555) 555-5555.

PRINT or type fax number; e.g., (555) 555-0000 [IF YOU DO NOT HAVE FAX CAPABILITY, THEN, PRINT OR TYPE "N / A."]

PRINT or type E-mail address; e.g., Certification@ACA.ORG [IF YOU DO NOT HAVE AN E-MAIL ADDRESS, PRINT OR TYPE "N / A."]

PRINT or type full name of **institution** where you are employed; e.g., Euphoria State Correctional Ctr.

PRINT or type work address; e.g., 2000 DEAD END ROAD.

PRINT or type work City, STATE, Zip Code; e.g., CROSSROADS, EUPHORIA, 22104-1000.

PRINT or type work telephone number; e.g., (555) 555-1000.

PRINT or type work fax number; e.g., (555) 555-1001 [IF YOU DO NOT HAVE FAX CAPABILITY, PRINT OR TYPE "N / A."].

PRINT or type work E-mail address; e.g., Certification@ESCC.st.usa [If you do not have an E-mail address, PRINT or type "N / A."]

PRINT or type your **current** job title/position; e.g., DEPUTY WARDEN.

Page 3 – Item 1: Preferred mailing address

CHECK **one** choice that reflects your preference; e.g. HOME.

Page 3 – Item 2: Current Position in agency's Table of Organization — Documentation showing Table of Organization with your position highlighted AND official position description

CHECK **one** choice that reflects the your present occupational group; e.g., EXECUTIVE.

Page 3 – Item 3: Time in present position — Enclose Documentation (résumé)

CHECK "Yes" if in present position one year or more (CCE—two years); otherwise, check

"No"; e.g., YES.

– Corrections AREA

CHECK **one** choice that reflects your **specialty area**; e.g., ADULT .

Page 4 – Item 4: Education — Enclose Documentation (photocopy of highest degree)

CHECK **one** choice that reflects the last grade completed or academic degree/diploma you have received; e.g., COLLEGE GRADUATE. *If Education documentation is lost, a notarized letter from you stating date of diploma and the School's name, address, city, state, and zip code is acceptable.*

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Page 4 – Item 5: Total full-time corrections experience — Enclose Documentation (résumé)

CHECK one choice that reflects the total amount of full-time corrections experience that you have had, to date, during your career; e.g., TEN YEARS OR MORE.

Page 4 – Item 6a: Current ACA membership — Documentation (photocopy of membership card if “Yes”)

CHECK “Yes” if currently a member of ACA; otherwise, Check “No.” You do **not** have to be a member of ACA to qualify for Certification; e.g., YES. [ACA members receive a discount on Exam Fees.]

Page 4 – Item 6b: Current member of ACA Affiliate

CHECK “Yes” if currently a member of an ACA Affiliate; otherwise, Check “No” ; e.g., YES.
If “Yes” is checked, **Print** name of Affiliate; e.g., NAAWS.

Page 5 – Enclosed Examination fee—The fee for processing your Application, scoring the Certification Exam, and sending the results to you, depends on: ❶ the certification level you are applying for (i.e., Executive–CCE, Supervisor–CCS, Manager–CCM, or Officer–CCO); and, ❷ whether or not you are currently a member of ACA. NOTE: The fee selected must agree with Item 2, page 3.

SELECT one choice based on Certification level you are applying for; e.g., Executive. The fee at this level is \$325; however, for current ACA members there is a 20% discount—i.e., the fee becomes \$260.

Page 5 – Item 7: Payment method

SELECT 7a if payment is by Check or Money Order—make **PAYABLE TO Certification/ACA**.
SELECT 7b if payment is through Institution Purchase Order—**WRITE-IN** P.O. #.
SELECT 7c if paying by Credit Card, indicate which one—e.g., VISA—and complete form.

Certification DECLARATION

Page 7 – A Successful applicants receive a frameable Certification Certificate. **PRINT** exactly how you want your **name** to appear; e.g., JOHN A. PROFESSIONAL. And, **PRINT** your current **job title** and the **date** when you started in this position; e.g., DEPUTY WARDEN, APRIL, 1997.

Page 7 – C **SIGN** and **DATE** this DECLARATION form before a Notary Public; have the Notary **SIGN**, **DATE**, and **EMBOSS** (place his/her seal on) the form.

Page 7 – D Have your Immediate Supervisor **DATE** the form, then **PRINT** and **SIGN** his/her name and **PRINT** his/her position title and institution.

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EXAMINATION Application

Page 8 – Heading: *PRINT* your name; e.g., JOHN A. PROFESSIONAL

– **Area:** *CHECK one* choice that shows AREA you are applying for; e.g., ADULT .

Page 8 – 1 *CHECK one* choice to show certification LEVEL you are applying for, e.g., EXECUTIVE.

Page 8 – 2 *CHECK one* choice that shows when/where you would like to take the Certification Exam; e.g., ACA WINTER CONFERENCE. The Certification Staff will send you notification concerning the exam-taking site you have selected and assign you a unique Examination Number — needed to gain entrance into exam room and on you exam answer sheet.

Page 8 – 3 *CHECK* “No” if you do **not** need Special Test-taking Accommodations; otherwise, Check “Yes” ; e.g., YES. If “Yes” is checked, **COMPLETE page 9.**

Examination-taking ACCOMMODATIONS

Page 9 – I *WRITE-IN name* of disability; e.g., DYSLEXIA.

Page 9 – II *WRITE-IN name of professional* who made diagnosis; his/her **title** and **specialty**; e.g., I. M. Jones, Ph.D., Psychologist, Reading Disabilities.

Page 9 – III *WRITE-IN accommodations* that have been made for you at your place of employment; e.g., MY COMPUTER SCREEN WAS ALTERED TO DISPLAY LETTERS IN VERY LARGE TYPE.

Page 9 – IV *WRITE-IN reason(s)* why request is being made at this time; e.g., MY CONDITION HAS NOT IMPROVED.

Page 9 – V *CHECK one or more* choices that show what accommodations you are requesting; e.g., EXTRA TIME and EXAM PRINTED IN LARGE TYPE.

Page 9 – VI *SIGN* and *DATE* form.

<< SEND COMPLETED PAGES 3, 4, 5, 7, 8, 14 AND APPROPRIATE FEE
TO ADDRESS ON COVER >>

DEADLINE - - 15 days before examination date

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Examination/Capabilities Areas

Certification Staff will send you a *Study Guide* which includes sample test items and a list of source materials. 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:

	<i>CCE=Executive</i>	<i>CCM=Manager</i>	<i>CCS=Supervisor</i>	<i>CCO=Officer</i>
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.

FOR CERTIFICATION STAFF USE ONLY:

Date Form Received _____ Before 2 yr. deadline: **Yes** **No**

[circle ONE]

Documentation Received (Check [✓] ALL that apply): **If not enclosed—**

	Date Requested	Date Received
1. <input type="checkbox"/> Application for Certification —heading and all items completed.	_____	_____
2. <input type="checkbox"/> Completed Certification Declaration form—all items A thru D	_____	_____
3. <input type="checkbox"/> Completed Certification Examination form—all 3 items	_____	_____
4. <input type="checkbox"/> If necessary, Special Exam-taking Accommodations form —(page 9, i thru iv)	_____	_____
5. <input type="checkbox"/> A table of organization —highlighting applicant's current position, AND a position description	_____	_____
6. <input type="checkbox"/> Education accomplishment—photocopy of highest academic degree from an accredited institution	_____	_____
7. <input type="checkbox"/> Length of full-time, on-the-job corrections experience —résumé	_____	_____
8. <input type="checkbox"/> Current ACA membership , if applicable—photocopy of current membership card	_____	_____
9. <input type="checkbox"/> Correct Application / Examination Fee enclosed	_____	_____



① **Qualified**—*WRITE-IN* exam. site/date _____ / _____ Exam # _____

[circle ① or ②]

② **Does NOT meet Qualification Standards** (if selected, *write-in* reason)

Staff Member: _____ Date: _____

