



Health Care 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: Office of Correctional Health, ACA, 206 N. Washington St., Suite 200, Alexandria, VA 22314; or EMAIL: healthcare@aca.org. If you have any questions please contact us at (703) 224-0049.

(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

American with Disabilities Act: If you wish to apply for special examination-taking accommodations due to a disability, email us at healthcare@aca.org.

Certification Fees

	ACA members	Non-members
Behavioral Health	☐ \$195	☐ \$240
Nurse/Manager	☐ \$235	☐ \$295
Nurse	☐ \$180	☐ \$225
Health Services Administrator	☐ \$235	☐ \$295

Study Materials

Study Packets are highly recommended and required for Correctional Behavioral Health Certification.

Management/Nursing	
<input type="checkbox"/> *Certified Corrections Nurse/Manager	\$ 45.00
<input type="checkbox"/> Certified Corrections Nurse (add cost of shipping & handling)	\$ 80.00
<input type="checkbox"/> Health Services Administrator (add cost of shipping & handling)	\$207.90
	(member rate) \$169.40
Correctional Behavioral Health	
(cost of shipping & handling is already included in this price)	
<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

*(cost of shipping & handling is already included in this price)

ACA Shipping and Handling	
Total Cost of Fees & Materials	Corresponding Price of S&H
\$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

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.

☐ Check or Money Order made payable to ACA Certification Program (Check # _____)

Total cost of certification fees, study materials, membership and S&H.

Charge to: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DINERS CLUB

PRINT Cardmember Name _____ *Cardmember Signature (required)* _____

<div style="display: flex; justify-content: space-between; align-items: center;"> </div> <p>Account Number</p>	—	<div style="display: flex; justify-content: space-between; align-items: center;"> </div> <p>Exp. Date</p>	<div style="display: flex; justify-content: space-between; align-items: center;"> </div> <p>V-code</p>
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***Do not include your credit card information if you are submitting by email.

Please email the form to healthcare@aca.org and call 703-224-0049 with your card information.

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 c v g < " _____

Print Name of Institution: _____