

# The Corrections Certification Program Recertification Handbook



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# Table of Contents

## **Recertification Process**

Recertification Process.....	4
------------------------------	---

## **Recertification Credits**

Earning Recertification Credits .....	5
---------------------------------------	---

Training .....	6
----------------	---

Publishing .....	6
------------------	---

Conferences.....	7
------------------	---

Committee/Task Force .....	7
----------------------------	---

Discussion Groups .....	8
-------------------------	---

Critique or Assessment .....	8
------------------------------	---

Additional Experience/Miscellaneous .....	8
---	---

<b>Revocation of Certification .....</b>	<b>9</b>
--	----------

<b>Code of Ethics .....</b>	<b>10</b>
-----------------------------	-----------

<b>Recertification Application.....</b>	<b>11</b>
---	-----------

Personal Information.....	11
---------------------------	----

Recertification Fees.....	12
---------------------------	----

Recertification Credit.....	13
-----------------------------	----

Applicant Declaration.....	14
----------------------------	----

## **Recertification Process**

As a Certified Corrections Professional (CCP), you are part of an elite group of corrections professionals who have become a model of excellence for the field. Re-Certification begins once you become certified. Certified Corrections Professionals (CCPs) are required to continue their education and training and renew their certification after three years. At the end of this period, CCPs submit:

- 1) A Re-Certification Application
- 2) A Summary Sheet identifying their Re-Certification Credits
- 3) Documentation for their Re-Certification Credits
- 4) The appropriate Re-Certification Fee
- 5) Applicant and supervisor recertification declarations

The Re-Certification Application may be downloaded at [www.aca.org](http://www.aca.org). The instructions are simple and easy to follow. Once the Professional Development staff have evaluated and approved the application and supporting documentation for the re-certification credits, they will be mail a letter confirming one's re-certification, a re-certification certificate, supervisor notification form, and a sample press release that the CCP can take to the local press. A Re-Certification Application will be processed in four (4) to eight (8) weeks. An incomplete application will result in a delay in being re-certified.

### **Questions?**

Contact Professional Development at 703-224-0171 or [acaprodev@aca.org](mailto:acaprodev@aca.org)

## Recertification Credits

All Certified Corrections Professionals are required to obtain the minimum number of re-certification credits based on their certification level.

<b>Certification Level</b>	<b>Number of Re-Certification Credits Required</b>
Correctional Behavioral Health Certifications*†	12
Correctional Officer, Juvenile Justice Youth Worker	40
Correctional Supervisor, Juvenile Justice Supervisor, Corrections Nurse*, Security Threat Group Supervisor	60
Correctional Manager, Juvenile Justice Manager, Corrections Nurse Manager*, Security Threat Group Manager, HSA*	80
Correctional Executive, Juvenile Justice Executive	100

\* For individuals with a state licensure, documentation of state licensure renewal can be substituted for re-certification credits

† Recertification for non-licensed individuals requires twelve (12) hours of ACA-approved behavioral health-related trainings

### **Earning Re-Certification Credits**

All Re-Certification Credits you earn are to be activities beyond your regular duties and the requirements of your position. If you are unsure about whether an activity qualifies for Re-Certification or need to clarify how many credits you will receive for an activity, contact Professional Development at 703-224-0175 or [acaprodev@aca.org](mailto:acaprodev@aca.org).

CCPs may earn up to 50% of their required credits in one category. They are encouraged to ask questions about earning credits for activities that may not be specified. They will be reviewed in the Certification Newsletter.

Certified Corrections Professions may earn Re-Certification Credits through at least the following categories:

- 1) Training/Education Courses
- 2) Publishing
- 3) Conference
- 4) Discussion Group
- 5) Committee/Task Force
- 6) Critique or Assessment
- 7) Additional Experience/Miscellaneous

## Training/Education Courses

- Online course through a corrections organization other than ACA—e.g., National Institute of Corrections — *Number of course training hours=number of re-certification credits*
- Classroom workshop offered by an accredited organization, state or local corrections facility — *1.5 credits per workshop*
- Community college or university course — *1 credit course = 10 credits, 2 credit course = 20 credits, and 3 credit course = 30 credits*

A copy of your certificate or transcript or an attendance sheet signed by the instructor (printed name, title, organization, and signature) may be submitted as documentation.

- Teaching a corrections-related workshop or course in the community — *20 credits*
- Teaching a college 3 credit course — *60 credits*

A letter signed (printed name, title, organization, and signature) by an authorized representative of the college or community organization, along with a copy of the program credit page, may be submitted as documentation.

## Publishing

- Course (online or print) — *80 credits*
- Book — *80 credits*
- Book Chapter — *60 credits*
- Lesson Plan — *60 credits*
- Article (two pages or longer) — *40 credits*
- Book Review — *40 credits*
- Article (one page) — *20 credits*

Citations or the copy of a credit page from a publication may be provided as documentation.

## Conferences

- Attending a corrections-related conference workshop (e.g., ACA Winter or Summer Conference, state corrections conference, or U.S. Department of Justice-sponsored conference) — *1.5 credits per workshop*.

A certificate or an attendance sheet signed by the moderator or speaker may be submitted as documentation.

- Presenting/serving on a panel at a corrections-related conference (e.g., ACA Winter or Summer Conference, state corrections conference, or U.S. Department of Justice-sponsored conference) — *20 credits per presentation*.

A copy of the conference agenda identifying you as a speaker may be submitted as documentation.

- Participating in a tour of a correctional facility — *4 credits*

A document listing the facility name, city, state, and date of the tour may be submitted as documentation.

## Committee/Task Force

- Being an ACA audit chair. — *20 credits*
- Being an ACA auditor/team member. — *10 credits*

A list of each audit (date, facility name, state) may be submitted for documentation.

- Being elected as an officer for a corrections-related organization (incorporate or chartered) at the national, state, or local level. — *20 credits*
- Serving on an ACA committee and attending a committee meeting at one of the ACA conferences — *5 credits for every conference attended*

A document stating the date, time, place, and name of the committee meeting along with a copy of the committee roster may be submitted for documentation.

- Being a member of your facility's/agency's internal audit team preparing for ACA Accreditation. — *20 credits*

A letter (signed by an authorized representative of the organization) confirming your participation as a committee member may be submitted for documentation.

## Discussion Groups

- A formal reading/discussion group sponsored by a correctional organization that meets at least nine times in one year — *30 credits*.

For each discussion session, a list of readings (corrections-related book, article, research study, etc.) and a summary of the group discussion signed by the group leader (printed name, title, organization, and signature) may be submitted as documentation. Also, a copy of the sign-in sheets for the nine sessions should be submitted.

## Critique or Assessment

- Write a critique or assessment of a corrections-related book (or chapter), research study, or magazine article. The submitted paper must contain your opinion on the topics covered in the publication as well as the author's point of view. — *20 credits*

The critique must be at least four to five pages, double-spaced, and typed. The name of the publication, author, publisher and date published must also be identified in the critique.

## Additional Experience/Miscellaneous

- Written description of a task, event, project, etc. related to the field of Corrections (those that do not directly fit in the aforementioned categories) — *credits TBD*

All additional experience/miscellaneous activities must be submitted with a detailed description of the event, including how it relates to the field, how it relates to your specific role in Corrections and what your learnings were, along with completed documentation to account for the event.



## **Revocation of Certification**

Certified Corrections Professionals (CCPs) are expected to uphold the highest standards of professionalism and present themselves as role models for their positions. CCPs who are involved in any of the following situations will have his/her certification revoked.

- Violation of the ACA Code of Ethics
- Conviction of any crime
- Demotion for disciplinary reasons
- Involuntary separation from employment

CCPs will be notified of the revocation of their certification, along with their supervisor or former employer. They will have the opportunity to appeal their revocation to the Certification Commission.

Certified Corrections Professionals who have knowledge of any violations committed by another Certified Corrections Professional should contact the Director of Standards, Accreditation, and Professional Development. Integrity is a hallmark of being certified.

Professional Development  
American Correctional Association  
206 North Washington St., Suite 200  
Alexandria, VA 22314

## 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 adhere to the American Correctional Association's Code of Ethics.

**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 behavior 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.

# Recertification Application

**Instructions:** Please complete the application in full (all pages must be filled in) in order for accurate and efficient processing. For submission by mail, send completed application with check or money order made out to *ACA Certification Program*, at **206 North Washington Street, Suite 200 Alexandria, VA 22314**. For submission by email, send completed application to Professional Development, [acaprodev@aca.org](mailto:acaprodev@aca.org). For submission by fax, send completed application to 703-224-0059. If you have any questions or concerns, please reach out to Professional Development at [acaprodev@aca.org](mailto:acaprodev@aca.org).

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

## EMPLOYMENT INFORMATION

**Type of Facility (please select):**

Adult  Juvenile  Federal (Military/BOP)  State  City/County  Private

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

Address: \_\_\_\_\_  
*Street Address Suite/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

## MEMBERSHIP STATUS

Are you currently an ACA member? YES  NO

Member ID: \_\_\_\_\_ **Join Today!**  
[Enroll for a basic rate of \$35 (one year) on the following payment page]

## RECERTIFICATION LEVEL

<b>Officer</b>	<input type="checkbox"/> CCO <input type="checkbox"/> CCO/JUV	<b>40 Credits Required</b>
<b>Behavioral Health</b>	<input type="checkbox"/> CBHC-CO (Adult) <input type="checkbox"/> CBHC-CO (Juvenile) <input type="checkbox"/> CBHC-CC <input type="checkbox"/> CBHC-BS	<b>40 Credits Required</b>
<b>Supervisor</b>	<input type="checkbox"/> CCS <input type="checkbox"/> CCS/JUV <input type="checkbox"/> CCN	<b>60 Credits Required</b>
<b>Manager</b>	<input type="checkbox"/> CCM <input type="checkbox"/> CCM/JUV <input type="checkbox"/> CCN/M <input type="checkbox"/> HSA	<b>80 Credits Required</b>
<b>Executive</b>	<input type="checkbox"/> CCE <input type="checkbox"/> CCE/JUV	<b>100 Credits Required</b>

## RECERTIFICATION FEES

Level of Exam	Member Pricing	Non-Member Pricing
Officer	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$100.00
Behavioral Health	<input type="checkbox"/> \$80.00	<input type="checkbox"/> \$100.00
Supervisor	<input type="checkbox"/> \$112.00	<input type="checkbox"/> \$140.00
Nurse	<input type="checkbox"/> \$112.00	<input type="checkbox"/> \$157.00
Manager	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$200.00
Nurse Manager	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$205.00
Health Services Administrator	<input type="checkbox"/> \$160.00	<input type="checkbox"/> \$205.00
Executive	<input type="checkbox"/> \$176.00	<input type="checkbox"/> \$220.00

## PAYMENT

Payment can be made by Credit or Check/Money Order made out to **“ACA Certification Program”**.

*I would like to become a member of ACA (additional \$35.00 for a one year membership)*

Card Type:  Visa  MasterCard  American Express  Discover  Diners Club

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_



## APPLICANT RECERTIFICATION 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.

All of 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 provided 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 Correctional Certification Program, the American Correctional Association, it's officers, board members, employees ad 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 recertification certificate.

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

**Applicant's Name:** \_\_\_\_\_

## SUPERVISOR RECERTIFICATION DECLARATION

I am the CCP's immediate supervisor and confirm that the applicant has received satisfactory (or better) performance evaluations in his/her current position during the last year and is a person in good standing at his/her workplace.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

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

**Institution/Agency Name:** \_\_\_\_\_