



American Correctional Association

Correctional Trainer 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 to **206 North Washington Street, Suite 200 Alexandria, VA 22314**. For submission by email, send completed application to Professional Development, acaprodev@aca.org. If you have any questions or concerns, please reach out to Professional Development; email: acaprodev@aca.org.

PERSONAL INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

EDUCATION

Select your highest level of education completed:

- GED/Diploma Associate Bachelor's Master's Doctoral

Concentration (Optional): _____

EMPLOYMENT INFORMATION

Type of Facility (please select):
 Adult Juvenile Federal (Military/BOP) State City/County Private
 Community Corrections Training Academy

Facility Name: _____

Address: _____
Street Address Suite/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Current Position: _____ Time Spent in Current Position: _____

Type of Facility (please select):
 Adult Juvenile Federal (Military/BOP) State City/County Private
 Community Corrections Training Academy

Facility Name: _____

Address: _____
Street Address Suite/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Current Position: _____ Time Spent in Current Position: _____



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Type of Facility (please select):

Adult

Juvenile

Federal (Military/BOP) State City/County Private
 Community Corrections Training Academy

Facility Name: _____

Address: _____
Street Address *Suite/Unit #*

_____ *City* *State* *ZIP Code*

Phone: _____ Email: _____

Current Position: _____ Time Spent in Current Position: _____

TRAINING EXPERIENCE

Organization Conducting Event: _____

Title of Training Event: _____

Subject Matter Addressed: _____

Dates: _____

Organization Conducting Event: _____

Title of Training Event: _____

Subject Matter Addressed: _____

Dates: _____

Organization Conducting Event: _____

Title of Training Event: _____

Subject Matter Addressed: _____

Dates: _____

Organization Conducting Event: _____

Title of Training Event: _____

Subject Matter Addressed: _____

Dates: _____



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Organization Conducting Event: _____

Title of Training Event: _____

Subject Matter Addressed: _____

Dates: _____

Organization Conducting Event: _____

Title of Training Event: _____

Subject Matter Addressed: _____

Dates: _____

MEMBERSHIP STATUS

Are you a current member of ACA?

Yes

No

Member ID #: _____

WORKS PUBLISHED

Title of Work Published: _____

Name of the Publication: _____

Name of Published (ex: agency): _____

Date of Publication: _____

Title of Work Published: _____

Name of the Publication: _____

Name of Published (ex: agency): _____

Date of Publication: _____

Title of Work Published: _____

Name of the Publication: _____

Name of Published (ex: agency): _____

Date of Publication: _____



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CERTIFICATES EARNED

Type of Certification: _____

Agency: _____

Number of Hours: _____

Type of Certification: _____

Agency: _____

Number of Hours: _____

Type of Certification: _____

Agency: _____

Number of Hours: _____

Type of Certification: _____

Agency: _____

Number of Hours: _____



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APPLICANT SIGNATURE DECLARATION

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant's Signature: _____ Date: _____

Applicant's Name: _____

ACCOMMODATIONS & CANCELLATION

Americans with Disabilities Act: If you wish to apply for special examination taking accommodations due to a disability, email Professional Development at acaprodev@aca.org.

Cancellation Policy: Examinations that are cancelled by the ACA due to severe weather and/or natural disaster and/or necessity as defined by ACA will be rescheduled as soon as possible, with no additional charges. In the event of such a cancellation, ACA shall not be held responsible for any airfare, or any other expenses incurred by the individual/s, and shall not be required to return any fees paid by the individual/s. If an exam is scheduled for an individual, but not administered on the scheduled date, due to the fault of that individual, ACA will charge a cancellation fee equal to 25% of the certification examination fee. An individual may retract his/her application for the examination if the Professional Development Department receives a written request. The request should detail the circumstance (e.g. no longer employed in corrections, promoted or demoted, etc.). A refund of the examination fee, less a \$75 processing charge will be assessed.