



American Correctional Association

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 submissions or questions please contact ACA Professional Development at acaprodev@aca.org.

PERSONAL INFORMATION

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

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Primary 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: _____ Secondary 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]



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RECERTIFICATION LEVEL

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

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: _____



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RECERTIFICATION CREDITS

Please document all earned Recertification credits below:
(This is a compilation of all activities completed over the three year period, beginning from the time of certification.)

Date of Initial Certification: _____ Today's Date: _____

Category	Date Completed	Activity /Experience	Sponsoring Organization	Instructor /Supervisor	Documents Submitted (Yes/No)	Number of Credits
Total number of earned Recertification credits:						
Total number of Recertification credits required for respective certification level:						



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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: _____