



American Correctional Association

Certification 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. 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

Facility Name: _____

Address: _____
 Street Address Suite/Unit #

City State ZIP Code

Phone: _____ Email: _____

Current Position: _____ Previous Position: _____

Time Spent in Current Position: _____ Total Full-Time Corrections Experience: _____

MEMBERSHIP STATUS

Are you a current member of ACA? Yes No Member ID #: _____

EXAM

Please select the Certification Exam you wish to take. (Note: The exam level must coincide with your current position.)

Officer	<input type="checkbox"/> CCO	<input type="checkbox"/> CCO/JUV
Supervisor	<input type="checkbox"/> CCS	<input type="checkbox"/> CCS/JUV
Manager	<input type="checkbox"/> CCM	<input type="checkbox"/> CCM/JUV
Executive	<input type="checkbox"/> CCE	<input type="checkbox"/> CCE/JUV
Behavioral Health	<input type="checkbox"/> CBHC-CO (Adult) <input type="checkbox"/> CBHC-CO (Juvenile)	<input type="checkbox"/> CBHC-CC <input type="checkbox"/> CBHC-BS



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CERTIFICATION EXAM FEES

Level of Exam	Member Pricing	Non-Member Pricing
Officer	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$190.00
Supervisor	<input type="checkbox"/> \$180.00	<input type="checkbox"/> \$225.00
Manager	<input type="checkbox"/> \$235.00	<input type="checkbox"/> \$295.00
Executive	<input type="checkbox"/> \$260.00	<input type="checkbox"/> \$325.00
Behavioral Health	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$240.00

STUDY MATERIALS

Officer	<input type="checkbox"/> CCO \$60.00	<input type="checkbox"/> CCO/JUV \$80.00	
Supervisor	<input type="checkbox"/> CCS \$110.00	<input type="checkbox"/> CCS/JUV \$145.00	
Manager	<input type="checkbox"/> CCM \$110.00	<input type="checkbox"/> CCM/JUV \$160.00	
Executive	<input type="checkbox"/> CCE \$110.00	<input type="checkbox"/> CCE/JUV \$175.00	
Behavioral Health	<input type="checkbox"/> CBHC-CO (Adult) \$45.00	<input type="checkbox"/> CBHC-CC \$45.00	<input type="checkbox"/> CBHC-BS \$45.00
	<input type="checkbox"/> CBHC-CO (Juvenile) \$45.00		

**The purchase of Study Materials is highly recommended.*

SHIPPING & HANDLING

Shipping & Handling (*Note Shipping selection required to purchase Study Materials)	
Up to \$10.00	<input type="checkbox"/> \$7.75
\$11.00-\$25.00	<input type="checkbox"/> \$11.50
\$26.00-\$50.00	<input type="checkbox"/> \$15.50
\$51.00-\$75.00	<input type="checkbox"/> \$17.50
\$76.00-\$100.00	<input type="checkbox"/> \$21.00
\$101.00-\$199.00	<input type="checkbox"/> \$25.00
\$200.00-\$299.00	<input type="checkbox"/> \$30.00
\$300.00-\$399.00	<input type="checkbox"/> \$35.00
\$400.00-\$499.00	<input type="checkbox"/> \$37.50
\$500.00-\$599.00	<input type="checkbox"/> \$42.50
\$600.00-\$699.00	<input type="checkbox"/> \$45.00
\$700.00-\$799.00	<input type="checkbox"/> \$50.00
\$800.00-\$899.00	<input type="checkbox"/> \$52.00

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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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: _____

SUPERVISOR SIGNATURE DECLARATION

Supervisor's Signature: _____ Date: _____

Supervisor's Name: _____

Supervisor's Title: _____

Name of Facility: _____

By signing below, I am affirming that the applicant's current position is considered to be at one of the following levels.

Please select one option: Officer Supervisory Manager

Facility Chief's Signature: _____ Date: _____

Facility Chief's Name: _____

*By signing below, I am affirming that the applicant's current position is considered to be at the **Executive Level** in a correctional environment.*

Agency Executive's Signature: _____ Date: _____

Agency Executive'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.