

THE AMERICAN CORRECTIONAL CHAPLAINS ASSOCIATION

APPLICATION FOR CERTIFICATION BY THE ACCA AS A CERTIFIED CORRECTIONAL CHAPLAIN

Attach Photograph

2 x 2

DATE: _____

NAME _____

ADDRESS _____

PHONE (Office) _____ E Mail Address _____

(Home) _____

FAITH GROUP (Include Denomination) _____

IF PRESENTLY EMPLOYED, BY WHOM? _____

WHERE? _____

TITLE: _____

DUTIES: _____

IF NOT EMPLOYED, WHAT IS YOUR STATUS AT THIS TIME? _____

NAME AND ADDRESS OF YOUR FAITH GROUP ENDORSING/DESIGNATING AGENCY FOR
CORRECTIONAL CHAPLAINCY

NAME: _____

ADDRESS: _____

ARE YOU PRESENTLY ENDORSED? YES _____ NO _____

IF NOT, ARE YOU IN THE PROCESS FOR THIS? YES _____ NO _____

EDUCATION:

College _____ Degree _____ Year _____

Seminary _____ Degree _____ Year _____

Postgraduate _____ Degree _____ Year _____

CPE _____ Unit 1 _____ Year _____

CPE _____ Unit 2 _____ Year _____

CPE _____ Additional Units _____ Years _____

