

# 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) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E Mail \_\_\_\_\_

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 \_\_\_\_\_

Certification Level Being Sought: \_\_\_\_\_

EDUCATION:

College \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Seminary \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Postgraduate \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

CPE \_\_\_\_\_ Unit 1 \_\_\_\_\_ Year \_\_\_\_\_

CPE \_\_\_\_\_ Unit 2 \_\_\_\_\_ Year \_\_\_\_\_

CPE \_\_\_\_\_ Additional Units \_\_\_\_\_ Years \_\_\_\_\_

