



American Jail Association



JAIL MANAGER CERTIFICATION COMMISSION



CJM Candidate Application

Type or Print Clearly

Date: _____

1. Name _____ AJA Member ID# _____
(Print your name as you would want it to appear on a certificate.) AJA Membership not required.

2. Title _____

3. Agency Name _____

4. Agency Address _____

City _____ State _____ Zip _____ - _____

5. Office Telephone Number: (____) _____ Fax: (____) _____

E-Mail _____

6. Rated Capacity of Your Facility: _____

7. Home Address _____

City _____ State _____ Zip _____ - _____

Home Phone: (____) _____ E-Mail: _____

8. If a current CJM mentored you through this process, please list the individual here:

All correspondence will be sent to your home address

SECTION 1

FORMAL EDUCATION

Maximum allowable Formal Education points: 150 points

This includes courses taken at **regionally and nationally accredited, degree-granting institutions** only. To receive points, the name of the college or university must be provided below and an official original transcript must be included. Points are awarded only for the highest level of education attained. Points are not cumulative.

Required Documentation: Attach an official original transcript

Indicate highest degree attained:

_____ Associate's Degree = 50 pts

_____ Master's Degree = 125 pts

_____ Bachelor's Degree = 100 pts

_____ Doctorate Degree = 150 pts

Institution's Name: _____

Address/City/State: _____

Phone Number of Institution: _____

Major(s): _____

If work toward a Bachelor's degree resulted in the accumulation of credit hours equal to that of an Associate's Degree (64 credits), but no degree has been attained, state number of credit hours completed _____. Please provide an official, original, transcript. You will receive 50 points for Associate's Degree equivalent.

_____ ***Total points***

MANAGEMENT-BASED EDUCATION / TRAINING

Maximum allowable points for Management-Based Education/Online Learning combined: 250 points

The subject matter must be management related. Jail management, criminal justice management, and general management education /training: (education, training programs, conferences, etc., attended specific to *jail management*.) **Two separate activities must have occurred within the last THREE (3) years and total at least 40 points before additional points will be counted.**

Completion of the (NJLCA) is worth 80 Points. DO NOT INCLUDE college courses where credits earned could be applied toward a degree; basic practical training such as CPR, firearms, computer training, defensive tactics, etc., or courses relating to basic correctional practice such as those written for front-line officers. **Provide complete dates. If only one date is provided then one day of credit will be awarded.**

Required Documentation: Attach a copy of your training roster from your agency with the course name, date and course points highlighted. You may also submit a certificate or the class agenda/roster with a description of the course if you do not have an agency training roster for verification.

Please list all activities in chronological order beginning with the most recent.

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total points

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total points

MANAGEMENT-BASED EDUCATION / TRAINING "CONTINUED"

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total *points*

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total *points*

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total *points*

MANAGEMENT-BASED EDUCATION / TRAINING "CONTINUED"

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total *points*

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total *points*

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

Dates: From: ____/____/____ To: ____/____/____

of full days attended ____ x 8 pts = ____ # of half days attended ____ x 4 pts = ____

_____ Total *points*

Make extra copies of this form if necessary

ONLINE LEARNING

Maximum allowable points: 120 points

Management-based courses taken online or by correspondence where the subject matter is relevant to your position as a jail manager. One point per hour of instruction will be awarded for management-based courses offered by the **National Institute of Corrections (NIC)** and the **American Correctional Association (ACA)**. Other management-based distance coursework will be evaluated on a case-by-case basis.

DO NOT INCLUDE courses related to basic correctional practice such as those written for front-line officers.

Required Documentation: Attach a course description outlining the learning objectives and course hours along with documentation of completion. **One point awarded per hour of training.** Please list training in chronological order beginning with the most recent.

Title of course: _____

Type of course: Online Correspondence

Agency providing training: NIC ACA Other: _____

Date of completion: _____/_____/_____ Course hours: _____ x 1 = _____

_____ Total points

Title of course: _____

Type of course: Online Correspondence

Agency providing training: NIC ACA Other: _____

Date of completion: _____/_____/_____ Course hours: _____ x 1 = _____

_____ Total points

Section 1 - Point Talley:

_____ **Formal Education** (Maximum allowable points: 150)

_____ **Management-based Education/Training, Online Learning**
(Maximum allowable points: 250)

_____ **TOTAL POINTS** (Maximum allowable points combined: 375)

SECTION 2

CURRENT JAIL MANAGEMENT PAID POSITION

Maximum allowable points for Section 2: 200 points

The position must meet the requirements set forth in the definition of "Jail Manager."
If applicable, please list previous jail management positions on the following page. Points awarded for completed years only.

Required Documentation: An official agency POSITION/JOB DESCRIPTION for Current and Previous positions listed is required. Points are given for completed years ONLY.

To be eligible, Candidates must be a paid jail manager for a minimum of one year.

Candidate: _____

Current Employing Agency: _____

Agency Address: _____

Current position: _____

Rank (if applicable): _____ Dates: From: ____/____/____ To ____/____/____

of full years completed _____ x 40 pts = _____

Please indicate what facility, division, bureau, department, program, and/or shift you direct in

Your current position: _____

Please indicate how many jail staff you supervise: _____

CURRENT JAIL MANAGEMENT PAID POSITION

Please check the paragraph below that describes your current agency.

- A county, municipal, tribal or regional facility that houses pretrial and sentenced inmates; and/or an institution that houses pretrial and sentenced inmates where the state is responsible for jail operations (Alaska, Hawaii, Rhode Island, Connecticut, Vermont, Delaware); and/or a private facility that houses pretrial and sentenced inmates and exists to serve the local jail needs of the community where it operates.
- A facility that houses ONLY pretrial detainees, regardless of what entity operates it. This includes, but is not limited to facilities that house persons for less than 72 hours (lock-ups), facilities that house federal or military custody inmates awaiting trial (e.g. ICE, Marshals, Armed Forces), institutions where the state is responsible for the operations of jails, and private facilities.
- A local government or private facility that houses convicted persons who, without this facility's existence, would serve their sentence in the local jurisdiction's jail. With regard to private facilities: the local government responsible for jail operations has contracted with a separate entity to replace that jurisdiction's jail operations.
- Other: (Describe) _____

The following statement must be signed by the chief executive officer (sheriff, chief deputy, detention director, jail administrator, etc.) If the candidate/applicant is the chief executive officer, please sign your name below.

The information provided in the *Current Jail Management Paid Position* section of this CJM Application for candidate:

_____ regarding his/her current
position with _____ is, to the best of my knowledge, truthful and accurate.

Chief Executive Officer's Signature

Title

Date

Chief Executive Officer's Printed Name

_____ **Total points**

PREVIOUS JAIL MANAGEMENT PAID EXPERIENCE

List any previous management positions.

Agency: _____

Address: _____

Position: _____

Rank (if applicable): _____ Dates: From: ____/____/____ To ____/____/____

of full years completed _____ x 40 pts = _____

Please indicate what facility, division, bureau, department, program, and/or shift you directed in this position: _____

How many jail staff you supervised: _____

_____ **Total points**

Please check the paragraph below that describes your previous agency.

- [] A county, municipal, tribal or regional facility that houses pretrial and sentenced inmates; and/or an institution that houses pretrial and sentenced inmates where the state is responsible for jail operations (Alaska, Hawaii, Rhode Island, Connecticut, Vermont, Delaware); and/or a private facility that houses pretrial and sentenced inmates and exists to serve the local jail needs of the community where it operates.
- [] A facility that houses ONLY pretrial detainees, regardless of what entity operates it. This includes, but is not limited to facilities that house persons for less than 72 hours (lock-ups), facilities that house federal or military custody inmates awaiting trial (e.g. ICE, Marshals, Armed Forces), institutions where the state is responsible for the operations of jails, and private facilities.
- [] A local government or private facility that houses convicted persons who, without this facility's existence, would serve their sentence in the local jurisdiction's jail. With regard to private facilities: the local government responsible for jail operations has contracted with a separate entity to replace that jurisdiction's jail operations.
- [] Other: (Describe) _____

_____ **TOTAL POINTS FOR SECTION 2** (Maximum allowable points: 200)

SECTION 3

LEADERSHIP ACTIVITIES

(Candidates must accumulate at least 20 points anywhere in Section 3 to be eligible)

Maximum allowable for Section 3: 200 points

Volunteer leadership positions held on *jail management/criminal justice* oriented boards, committees, task forces, and commissions OUTSIDE of your employing agency. Points awarded for completed years only. If a committee or task force assignment has a duration of less than one year, but more than 3 months, it qualifies for one year of service.

Board/Commission: A Board or Commission is a policy setting body.

Committee / Task Force: A Committee or Task Force is assigned a task from another body.

Organization: _____

Office or position held: _____

Name of Board/Committee/Task Force/Commission: _____

Goals & Purposes of the Board/Commission/Committee/Task Force: _____

Dates of service: From: ____/____/____ To: ____/____/____

of years _____ Board/Commission Officer: x 25 points = _____

of years _____ Board/Commission Member: x 20 points = _____

of years _____ Committee Chair/Task Force Leader x 15 points = _____

of years _____ Committee Member/Task Force Member x 10 points = _____

_____ Total *points*

Organization: _____

Office or position held: _____

Name of Board/Committee/Task Force/Commission: _____

Goals & Purposes of the Board/Commission/Committee/Task Force: _____

Dates of service: From: ____/____/____ To: ____/____/____

of years _____ Board/Commission Officer: x 25 points = _____

of years _____ Board/Commission Member: x 20 points = _____

of years _____ Committee Chair/Task Force Leader x 15 points = _____

of years _____ Committee Member/Task Force Member x 10 points = _____

_____ Total *points*

SCHEDULED SPEAKER OR INSTRUCTOR

Maximum allowable Speaker points: 200 points

Scheduled Speaker or Instructor for the purpose of teaching subjects ***specifically*** related to *jail management* issues to corrections personnel, governmental officials, or criminal justice students.

College courses taught is 50 points per class. All other classes are 3 points per hour.

You may include regional or multi-jurisdictional training hosted by your organization.

DO NOT INCLUDE presentations made only to the staff of your employing organization or practical training or courses relating to basic correctional practice, such as those written for front-line officers.

Organization conducting event: _____

Jail management related subject discussed: _____

Attended by: _____

Location of event: _____

Dates of service: From: ____/____/____ To: ____/____/____

of hours _____ x 3 points = _____

_____ Total points

Organization conducting event: _____

Jail management related subject discussed: _____

Attended by: _____

Location of event: _____

Dates of service: From: ____/____/____ To: ____/____/____

of hours _____ x 3 points = _____

_____ Total points

TECHNICAL ASSISTANCE CONSULTANT

Participation as a **technical assistance** consultant in an advisory (paying or nonpaying) capacity on jail operations/management issues (other than your employing agency).

National Jail Leadership Command Academy (NJLCA) Mentors can claim 40 hours of credit in this section.

Agency that contracted your services: _____

Agency address: _____

Agency phone: _____

Date(s) of service: From: ____/____/____ To: ____/____/____

Nature of service performed: _____

Contact Person: _____ Title: _____

of full days _____ x 8pts _____ # of half days _____ x 4pts = _____

_____ Total *points*

Agency that contracted your services: _____

Agency address: _____

Agency phone: _____

Date(s) of service: From: ____/____/____ To: ____/____/____

Nature of service performed: _____

Contact Person: _____ Title: _____

of full days _____ x 8pts _____ # of half days _____ x 4pts = _____

_____ Total *points*

AUDITS

A MAXIMUM OF 16 points awarded per audit (No more than three audits accepted).

Agency that contracted your services: _____

Agency address: _____

Agency phone: _____

Date(s) of service: From: ____/____/____ to: ____/____/____

Nature of service performed: _____

Contact Person: _____ Phone: _____

of full days _____ x 8 pts = _____ # of half days _____ x 4 pts = _____

_____ *Total points*

Agency that contracted your services: _____

Agency address: _____

Agency phone: _____

Date(s) of service: From: ____/____/____ to: ____/____/____

Nature of service performed: _____

Contact Person: _____ Phone: _____

of full days _____ x 8 pts = _____ # of half days _____ x 4 pts = _____

_____ *Total points*

(Make extra copies of this form if necessary)

WORK PUBLISHED *OUTSIDE* OF YOUR EMPLOYING AGENCY

Articles, bulletins, chapters, books, written and published on jail management /criminal justice related subjects (excluding your employing agency's publications). Include articles published in AJA's magazine, *AMERICAN JAILS*, and other similar publications. To be eligible for points, the article must be management-based and relevant to the role of the jail manager.

Required Documentation: Attach a copy of work published.

Title of the jail management / criminal justice related work written and published:

Name of the publication (journal, book, magazine, etc.) _____

Name of publisher (organization/agency): _____

Date of publication: ____/____/____

Check one:

- Book**, Jail Management or Criminal Justice based = 50 pts
- Chapter** in a Jail Management or Criminal Justice Book = 25 pts
- Magazine Article/Bulletin**, Jail Management or Criminal Justice based = 20 pts

_____ *Total points*

NATIONAL CERTIFICATIONS

Points awarded for certifications emphasizing *jail management, criminal justice management, or public management.*

Required Documentation: Attach a copy of the official notification of certification on the sponsoring organization's letterhead.

- CCT** Certified Correctional Trainer, AJA/IACTP: 15 points
- CJO** Certified Jail Officer, AJA: 10 points
- CJS** Certified Jail Supervisor, AJA: 15 Points
PREA Auditor, AJA: 10 points
- CCS** Certified Correctional Supervisor, ACA: 5 points
- CCM** Certified Correctional Manager, ACA: 10 points
- CCE** Certified Correctional Executive, ACA: 15 points
- CPM** Certified Public Manager, CPM: 40 points
- CCHP** Certified Correctional Health Professional, NCCHC: 10 points
- CFP** Certified Correctional Food Service Professional, ACFSA: 10 points
ACA Auditor, ACA: 20 points

Other ***national*** certifications obtained related to jail management, criminal justice management, and public management will be evaluated on a case-by-case basis. In order for the JMCC to evaluate other national certifications, detailed information regarding the eligibility requirements for the certification must accompany this application. Certification should be sponsored by a *national organization*. DO NOT include basic jail/corrections certifications.

Certification: _____

Organization sponsoring certification: _____

Address of sponsoring organization: _____

Phone number of sponsoring organization: _____

Date of Certification: ____/____/____ Date of Expiration: ____/____/____

_____ *Total points*

AWARDS

Awards presented to you by a national, state/regional, or community organization because of some action or activity performed by you during the course of your service as a paid jail manager.

Required Documentation: Attach a copy of the letter/announcement acknowledging your accomplishment and the reason you were awarded.

DO NOT INCLUDE listings such as Who's Who, certificates of appreciation, and letters of commendation or awards from your employing agency.

Name/type of award _____

Name of organization/agency presenting award: _____

Address of organization/agency: _____

Brief description of why you were presented this award: _____

Date award was presented: ____/____/____

This award was presented by: (check only one)

- National Organization/Agency = 20 pts
- State or Regional Organization/Agency = 15 pts
- Community Organization/Agency = 10 pts

_____ *Total points*

COMMUNITY-BASED/CIVIC VOLUNTEER LEADERSHIP ROLES

Maximum allowable: 40 points

Community-based Volunteer Leadership Service roles performed in the community outside of your role as a paid jail manager. Eligible listings would include participation in a leadership capacity (non-paid) in business, professional, technical, community service organizations, management organizations, and other community-service/civic oriented organizations including roles related to advisory or other service on government agencies, boards, commissions and involvement in the political process.

Provide a detailed description of the purpose of the organization and your specific leadership role in the organization. *Do not duplicate information given elsewhere.* **Points awarded for completed years only.**

Examples of community-based service organizations include: Community Action Council, Republic/Democratic National Committee, Lions Club, Red Cross, Junior Achievement, Fire & Rescue Service, Rotary Club, Boys & Girls Club, American Cancer Society, etc.

Organization: _____

Mission (purpose) of the Organization: _____

Organization's Address: _____

Contact person & phone number: _____

Leadership role performed: (i.e. spokesperson, chairperson etc.): _____

Describe in detail the nature of the leadership service you performed:

Dates of service: From: ____/____/____ To: ____/____/____

of years _____ x 10 points = _____

_____ *Total points*

MEMBERSHIPS

Maximum allowable for Memberships: 40 points

Membership in state, regional, or national jail/corrections associations - such as the, American Jail Association, American Correctional Association, National Sheriffs' Association, Bay Area Jail Managers Association, South Carolina Jail Administrators' Association, etc.

Do not list law enforcement associations (such as FOP, NABCJ, etc.) or local county/agency labor oriented associations or organizations. **Provide complete dates. Points awarded for completed years only.**

Name of Association: _____

Address of Association: _____

Dates of Membership: From: ____/____/____ to: ____/____/____

Please indicate the type of **JAIL** or **CORRECTIONS** Association:

State Association Regional Association National Association

_____ Years x 5 pt = _____ points

_____ Total points

Name of Association: _____

Address of Association: _____

Dates of Membership: From: ____/____/____ to: ____/____/____

Please indicate the type of **JAIL** or **CORRECTIONS** Association:

State Association Regional Association National Association

_____ years x 5 pt = _____ points

_____ Total points

_____ **TOTAL POINTS FOR SECTION 3** (Maximum allowable points: 200)

APPLICATION SUMMARY OF POINTS

SECTION 1 - TOTAL POINTS: _____
Maximum allowable points section 1: **375**

SECTION 2 - TOTAL POINTS: _____
Maximum allowable points section 2: **200**

SECTION 3 - TOTAL POINTS: _____
Maximum allowable points section 3: **200**

**Applicants must attain 500 points
out of a possible 775 points
to be eligible to take the CJM examination**

TOTAL POINTS: _____

I do hereby certify that my biographical statement, as submitted to the JMCC in connection with my application to take the examination, is true and correct in all material respects. I authorize the JMCC to take whatever reasonable steps necessary to verify and confirm the accuracy of the information contained herein. If an audit is conducted, or my application is incomplete or is received without payment, or the JMCC determines that I do not have the required number of points or that I have not met other criteria required for eligibility:

I understand that the delay may result in certain items on my application being no longer applicable (for example: At least 40 points in Section 1 had to have occurred within the past 3 years); and

I understand that if I choose to resubmit my application, it must be uploaded **no later than eight (8) months** from the date I am notified from the JMCC that one or more of the above conditions exist. Resubmitted applications received after the eight-month deadline will be assessed the full certification application fee.

I agree to be bound by the Code of Ethics of AJA and understand that any material misrepresentation of the information provided on the Experiential Background Form may result in denial or loss of the CJM designation. I acknowledge that I have read and understand the CJM Handbook for Candidates.

The undersigned hereby agrees to indemnify and hold harmless the American Jail Association, Inc., its officers, directors, employees and agents from any or all liability, loss or damage whatsoever that may result from a denial of my application for certification as a Certified Jail Manager, failure to successfully pass the required examination or to be awarded certification.

Signature

Date

METHOD OF PAYMENT

NOTE: If paying by check or PO, please **MAIL** your application and payment. If paying with a credit card, you may scan your entire application into one pdf and email to the Certification Manager: certification@aja.org

Candidate name: _____

Name of Cardholder: _____

Signature of Cardholder: _____

VISA

MasterCard

American Express

Credit Card Number: _____

Expiration Date: _____

Complete Billing Address and ZIP Code: _____

Security# _____ (Visa/MasterCard- three digit # found on the signature panel)
(American Express- small four-digit # found on front of card)

Check appropriate status: AJA Member \$399
 AJA Nonmember \$499
 Leadership Academy Graduate \$299

Check Enclosed # _____

P.O. Form Enclosed # _____

Send payment and all required materials to:
American Jail Association
Kim Eichelberger, Certification Manager
1135 Professional Court, Hagerstown, Maryland 21740
Phone 301-857-2323