



CJO Recertification Application



Option 1: Training Requirements

- Mark the **Training Requirements** box at the top of the *CJO Recertification Application Form*.
- Attach a copy of your current job/position description.
- Accumulate at least **80 hours** of correctional training between your last certification date and the date you apply for recertification.
- Submit a minimum of three original potential CJO examination questions along with supporting documentation.
- If paying via credit card, you may scan entire application and supporting documentation into one pdf document and email to certification@aja.org 4 weeks **before** your certification anniversary date expires.
- If paying with check or PO, you must mail your completed CJO Recertification Application with fees to AJA Headquarters 4 weeks **before** your certification anniversary date expires.

Fees: AJA Member: \$45 AJA Nonmember: \$95

Option 2: Re-Examination

- Mark the **Re-Examination** box at the top of the *CJO Recertification Application Form*.
- Submit a minimum of three original potential CJO examination questions along with supporting documentation.
- If paying via credit card, you may scan entire application and supporting documentation into one pdf document and email to certification@aja.org 4 weeks **before** your certification anniversary date expires.
- If paying with check or PO, you must mail your completed CJO Recertification Application with fees to AJA Headquarters 4 weeks **before** your certification anniversary date expires.
- Once the application is received you will be emailed the examination instructions.

Fee: \$120

ELIGIBILITY

To be eligible for recertification, the CJO must be currently employed as a jail officer, or have had no more than a two-year departure from such employment at the time of CJO's certification expiration date AND must state an intention to re-enter the field of jail operations.

- It is the CJO's responsibility to meet the recertification criteria and to mail in or upload a recertification application 4 weeks **BEFORE** his/her certification anniversary date expires or an additional \$35 late fee will be assessed.
- If the certification lapses, the individual will have to re-apply and take the CJO examination.
- Fees are subject to change.
- Certified Jail Officers who do not recertify or who fail to meet the criteria required for recertification will no longer be able to use the CJO designation and will no longer be listed as a CJO in the Professional List or in any AJA publication.
- If certification is suspended, and at some point in the future, the former CJO decides to become certified again, he/she will be required to proceed through the entire certification process, including taking the certification examination. The JMCC reserves the right to enact changes in the recertification requirements at any time. It is the responsibility of the Candidate to obtain the most current Recertification Application.

REVOCAION OF CERTIFICATION

Certification may be revoked or denied for any of the following reasons:

1. Falsification of an application,
2. Misrepresentation of certification,
3. Breach of existing ethical standards of professional practice as stated in the AJA Code of Ethics. An appeals mechanism for challenging revocation or denial of certification is available.

CERTIFIED JAIL OFFICER PROGRAM DEFINITIONS

For the purposes of the Certified Jail Officer Program:

DEFINITION OF A JAIL OFFICER

A person (sworn or civilian) who supervises incarcerated individuals in jails or detention centers; and/or a person (sworn or civilian) who is in charge of those who supervise individuals incarcerated in jails or detention centers.

DEFINITION OF A JAIL

1. 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.

And/or

2. 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.

And/or

3. A local government or private facility that houses convicted persons who, without this regard to private facilities: the local government responsible for jail operations has contracted with a separate entity to replace that jurisdiction's jail operations.

Non-Discrimination Policy: The American Jail Association, Inc., through its administration of the Certified Jail Officer program, conforms in all respects to Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990; does not discriminate against any person on the basis of race, color, religion, national origin, sex, age, disability or sexual orientation in any of its policies, procedures, or practices.

CJO RECERTIFICATION APPLICATION

PLEASE CHECK ONE

I choose to recertify by Training Requirements Re-examination

TYPE OR PRINT CLEARLY

Date: _____

Name: _____ Membership Number: _____

Retired

Title: _____

Agency: _____

Agency Address: _____

City: _____ State: _____ ZIP _____ - _____

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

E-mail: _____

Date of First Certification: ____/____/____ Rated Capacity of Facility: _____

Date of Last Recertification (if applicable): ____/____/____

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**ALL CORRESPONDENCE
WILL BE MAILED TO YOUR HOME ADDRESS**

Current Home Address: _____

City: _____ State: _____ ZIP _____ - _____

Home Phone: () _____

E-mail: _____

CURRENT JAIL OFFICER PAID POSITION

Required Documentation:

An official agency position description must accompany this application

LIST YOUR CURRENT OR MOST RECENT POSITION:

Applicant: _____

Current Employing Agency: _____

Agency Address: _____

Current Position/Rank: _____

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

Please check the paragraph below that describes your current agency. (Agency must meet the CJO program's definition of a jail.)

- 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) _____

Recertification
CURRENT JAIL OFFICER
PAID POSITION
(Continued)

The following statement must be signed by your Immediate Supervisor or Human Resources Representative. If the applicant is the chief executive officer, please sign your name below.

The information provided in the *Current Jail Officer Paid Position* section of this CJO Application for candidate: _____ regarding his/her current position with _____ is, to the best of my knowledge, truthful and accurate.

Supervisor's Signature	Title	Date / /
Supervisor's Printed Name		



If Recertifying by Exam---Stop here and proceed to the **CJO Test Questions** on pages 10 and 11.

If Recertifying by Training Points---Please continue

CORRECTIONAL-BASED TRAINING

Required Documentation:

Supporting documentation such as a certificate, a training roster, or course description is required for verification in this section.

Provide complete dates. If only one date is provided, only one day of credit will be awarded.

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

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

of Hours Completed: _____

_____ Total hours

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

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

of Hours Completed: _____

_____ Total hours

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

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

of Hours Completed: _____

_____ Total hours

(Make extra copies of any form if necessary)

CORRECTIONAL-BASED TRAINING (continued)

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

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

of Hours Completed: _____

_____ *Total hours*

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

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

of Hours Completed: _____

_____ *Total hours*

Organization conducting event: _____

Title of training event: _____

Subject matter addressed: _____

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

of Hours Completed: _____

_____ *Total hours*

ONLINE LEARNING

Maximum allowable for Online Learning: 80 points

One point will be awarded per hour of training.

Courses taken *online* or by *correspondence* are awarded where the subject matter is relevant to your position as a jail officer since last certification.

Required Documentation: Attach a course description outlining the learning objectives and course hours along with documentation of completion to receive points.

Title of course: _____

Type of course: Online Correspondence

Agency providing training: NIC ACA AJA Other: _____

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

_____ *Total points*

Title of course: _____

Type of course: Online Correspondence

Agency providing training: NIC ACA AJA Other: _____

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

_____ *Total points*

(Make extra copies of any form if necessary)

Formulating Questions for the Jail Officer Certification Examination

All Candidates MUST include a **minimum of three potential test questions** for the Certified Jail Officer examination with their recertification application.

The Jail Manager Certification Commission (JMCC) is continually in the process of adding examination questions to the certification exam item bank. Because of your status as a Certified Jail Officer, the JMCC is asking for your assistance with writing new questions for upcoming examinations. Having taken the exam, you may have found some questions less challenging than others, or perhaps there were questions which you felt should have been asked but were not.

The JMCC will allow 2 points per question submitted for future Certified Jail Officer examinations. A maximum of 20 points will be awarded for submission of examination questions.

Potential test questions must:

- be officer based and applicable to *adult* local corrections, NOT state or jurisdictional specific.
- not include "all of the above" or "none of the above"
- as an answer or be a "not" question (example: Which of the following is not . . .)
- not be taken from the ACA Standards Manual or AJA's O&M bulletins.
- be submitted on the *Item Submission Sheet* enclosed in this application (one question per form), please make additional copies of the form as necessary.

Supply the source for each question.

Major Content Areas for Questions on the CJO Examination

I.	Jail Operations Safety	25%
II.	and Security	30%
III.	Professional and Legal Concepts	20%
IV.	Special Population Issues	15%
V.	Support Services	10%

Submission:

3 questions X 2 pts = _____

ITEM SUBMISSION SHEET

Please state your question in **multiple choice format** and provide ONE CORRECT answer and THREE plausible but INCORRECT options. **Please do not do not use “all of the above” or “none of the above” options.** You may also create a situation that has more than one question accompanying it.

If your question includes a diagram or illustration, please clip it to the reverse side. It must be camera-ready, not a “copy of a copy,” and it must not be copyright protected.

Attach a copy of reference or the source for each question.

QUESTION:

1. CORRECT ANSWER

2. INCORRECT OPTION

3. INCORRECT OPTION

4. INCORRECT OPTION

For which test is the question submitted? **JAIL OFFICER CERTIFICATION EXAM**

Reference your question (copy attached): _____

Major Content Area (see-enclosed list): _____

Your Name: _____

(Make extra copies of any form if necessary)

Final Steps

Before you put your Recertification Application and supporting documents in the mail, be sure to make a copy of them for your files. You may need to refer to them should the Commission contact you with any questions.

The JMCC will accept Recertification Applications as early as six months prior to the Candidate's certification expiration date. Candidates are encouraged to submit applications early to avoid potential problems that may occur. You will be notified of the status of your application for recertification within two weeks from the time we receive your completed application for recertification and all required supporting documentation including fees. Incomplete applications for recertification and/or applications without the required documentation and fees will be sent back to the candidate and the evaluation process will not commence until all required materials and information have been received by the JMCC.

I do hereby certify that my biographical statement, as submitted to the JMCC in connection with my application for recertification, is true and correct in all material respects. I authorize the JMCC to take whatever reasonable steps may be 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 training hours or that I have not met other criteria required for eligibility: I understand that the delay this would create in further processing my application could result in missing the recertification application deadline.

I agree to be bound by the Code of Ethics of AJA and understand that any material misrepresentation of the information provided on the CJO Recertification Application may result in denial or loss of the CJO designation. I acknowledge that I have read and understand the *CJO 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 recertification as a Certified Jail Officer.

Signature

Date

METHOD OF PAYMENT

NOTE: AJA accepts payment from Navy COOL for military corrections personnel.

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)

Recertification by Points: AJA Member \$45 AJA Nonmember \$95
Recertification by Exam: \$120

[] Payment includes an additional late submission-processing fee of \$35.00

Check Enclosed # _____

P.O. Form Enclosed # _____

Mail payment and all required materials to:
American Jail Association
Certification Department
1135 Professional Court
Hagerstown, Maryland 21740

AMERICAN JAIL ASSOCIATION

CODE OF ETHICS FOR JAIL OFFICERS

As an officer employed in a detention/correctional capacity, I swear (or affirm) to be a good citizen and a credit to my community, state, and nation at all times. I will abstain from questionable behavior that might bring disrepute to the agency for which I work, my family, my community, and my associates. My lifestyle will be above and beyond reproach and I will constantly strive to set an example of a professional who performs his/her duties according to the laws of our country, state, and community and the policies, procedures, written and verbal orders, and regulations of the agency for which I work.

On the job I promise to:

- KEEP** The institution secure so as to safeguard my community and the lives of the staff, inmates, and visitors on the premises.
- WORK** With each individual firmly and fairly without regard to rank, status, or condition.
- MAINTAIN** A positive demeanor when confronted with stressful situations of scorn, ridicule, danger, and/or chaos.
- REPORT** Either in writing or by word of mouth to the proper authorities those things that should be reported, and keep silent about matters that are to remain confidential according to the laws and rules of the agency and government.
- MANAGE** And supervise the inmates in an evenhanded and courteous manner.
- REFRAIN** At all times from becoming personally involved in the lives of the inmates and their families.
- TREAT** All visitors to the jail with politeness and respect and do my utmost to ensure that they observe the jail regulations.
- TAKE** Advantage of all education and training opportunities designed to assist me to become a more competent officer.
- COMMUNICATE** With people in or outside of the jail, whether by phone, written word, or word of mouth, in such a way so as not to reflect in a negative manner upon my agency.
- CONTRIBUTE** To a jail, environment that will keep the inmate involved in activities designed to improve his/her attitude and character.
- SUPPORT** All activities of a professional nature through membership and participation that will continue to elevate the status of those who operate our nation's jails. Do my best through word and deed to present an image to the public at large of a jail professional, committed to progress for an improved and enlightened criminal justice system.

The American Jail Association's Board of Directors has approved the AJA Code of Ethics as part of an integral program to achieve a high standard of professional conduct among those officers employed in our Nation's jails. Adopted by the AJA Board of Directors on November 10, 1991. Revised 3/18/09.



PROCTORED EXAM: INSTRUCTIONS FOR PROCTOR

A Proctor must be an AJA Certification liaison, an agency supervisor or their designee.

1. The allotted time for the Exams are 3 hours for CJO and up to 4 hours for CJS/CJM.
2. Please verify the person's identity to your satisfaction with identification bearing the name and photo of the individual (such as driver's license).
3. The individual should be under your supervision during the entire exam. Failing to do so will result in the individual failing the exam.
4. Copying questions and making notes from the final examination is prohibited.
5. The room in which the exam is being taken must be a quiet room with no distractions.
6. The exam area is to consist of the computer only. The computer must have internet access and the only window open during the exam should be the testing platform.
7. The use of a cell phone is strictly prohibited. Cell phones should be turned off or set to silent during the exam period. The phone is to be stored in a pocket or a purse. It cannot be out in the exam area.
8. Please sign the Verification of Exam form that contains the statement certifying that you supervised the examination and have the individual taking the exam sign as well.

CJM
CERTIFIED JAIL MANAGER

CJO
CERTIFIED JAIL OFFICER

CJS
CERTIFIED JAIL SUPERVISOR
AMERICAN JAIL ASSOCIATION

Proctor Verification Form

This form is to be completed and signed by the person taking the exam and the proctor and returned to the American Jail Association to validate the examination.

Name on ID: _____

Type of Photo ID: _____ ID# _____

Certification Type: CJO CJS CJM

Statement of Verification

I hereby verify that I have independently completed this examination under the supervision of my designated Proctor or AJA Certification Liaison. I did not have access to any books, notes or other materials as noted in the directions of the examination.

Name (please print): _____

Signature: _____ Today's Date: _____

Proctor Statement of Verification

I hereby verify that I personally supervised the administration of this examination. The above named individual has completed the examination following all regulations as outlined.

Please initial all that apply:

_____ I personally supervised the administration of the exam.

_____ I verified the identity with a photo ID.

_____ The individual did not copy any part of the exam or take any notes.

_____ I have no conflict of interest in administering this exam to this individual for example, the individual is not a family member, spouse, friend, etc.

Proctor Name (please print): _____

Proctor Signature: _____ Date: _____

Please return this form to:
American Jail Association
Certification Department
1135 Professional Court
Hagerstown, MD 21740 or
email: certification@aja.org