Certified Jail Supervisor Program

APPLICATION & EXPERIENTIAL BACKGROUND FORM (EBF)

Application Sections and Maximum Point Values

Section 1 - Education and Training – Max. 375 points there is no requirement that activities you list had to occur within a certain period, except in Section 1. You must list two separate training/education activities you engaged in within the last THREE years which, when combined, total at least 40 points to be eligible.

Section 2 - Jail Supervisor Paid Experience – Max. 200 points (includes front line officer experience)

Section 3 - Leadership Activities – Max. 200 points (must have at least 10 points anywhere in Section 3 to apply for the CJS)

350 points out of a possible 775 points are required to be eligible to take the CJS examination.

INSTRUCTIONS:

STEP 1: Preparation

Go to www.aja.org and download the CJS Program Handbook, the Resource List, and the AJA Certification Online Registration and Exam Instructions. Please read the handbook prior to filling out the CJS application.

STEP 2: Complete the application

Complete the CJS Application/EBF to apply for eligibility to take the online examination. “Required Documentation” is clearly marked at the top of the appropriate pages and documents must be attached behind each section. Make copies of each section as necessary. Applications missing supporting documentation and/or missing payments will not be processed until all required materials and information have been received.

Once complete, scan the entire application along with supporting documentation into ONE (1) pdf for upload. Be sure to save a copy for your files in case the JMCC contacts you with any questions.
STEP 3: Pricing and payment

The online application and examination process takes credit card payments only. If paying using a Purchase Order, agency check, or personal check, please contact Kendra Thompson, Certification Manager, at 301-857-2323 or kendrat@aja.org. You may also contact her if you have any questions during the application process.

<table>
<thead>
<tr>
<th>Application/Examination Fee: (Introductory pricing good from July 1 through December 31, 2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AJA Member $299</td>
</tr>
<tr>
<td>AJA Nonmember $399</td>
</tr>
<tr>
<td>Retake Fee $200</td>
</tr>
<tr>
<td>Recertification by Exam $200</td>
</tr>
<tr>
<td>*Leadership Academy Graduates $199</td>
</tr>
<tr>
<td>*all leadership academy graduates must submit proof of graduation with their application.</td>
</tr>
</tbody>
</table>

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

STEP 4: Applying and uploading your application

Please Note: Candidates may consult with their agency liaison who will act as a proctor and assist with applying and scheduling the CJS online examination. Otherwise, if you are taking the examination on your own time or at home, please read the AJA Certification Online Application and Exam Instructions for computer requirements.

Once your application is uploaded, please allow 2-3 weeks for the JMCC to review it. Further instructions will be emailed to you.

STEP 5: The examination

On the day of the examination, make sure you have at least 4 hours set aside to take the exam. Please close out of all other computer applications to avoid having your examination flagged. You may not walk away from your computer for any reason once the exam is opened.

IMPORTANT: You have ONE (1) month to take the CJS examination once approved. If you do not take the exam within one month of your application approval, you will be locked out of the examination and will need to re-apply and pay additional fees.

American Jail Association
1135 Professional Court, Hagerstown, Maryland 21740
Phone: 301-790-3930 www.aja.org
American Jail Association

JAIL MANAGER CERTIFICATION COMMISSION

Certified Jail Supervisor Application/EBF

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 CJS or 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

Higher Education (beyond high school): 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
**Supervisory-Based Education/Training**

**Maximum allowable points: 250 points**

To be awarded points, the subject matter must be supervisor related. **Jail supervisory, criminal justice supervisory, and general supervisory education/training:** (education, training programs, conferences, etc., attended specific to jails.) 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.

**Required Documentation:** Preferred documentation is 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. Provide complete dates.**

- 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
Supervisory-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
**Supervisory-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*
**Distance/Online Learning**

*Maximum allowable points for Distance/Online Learning: 120 points*

Supervisory-based courses taken online or by correspondence where the subject matter is relevant to your position as a jail supervisor. 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 will be 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)*

_______ Supervisory-based, Distance/Online Learning.   *(Maximum allowable points for these sections combined: 250)*

_______ Total Points   *(Maximum allowable points Section 1 combined: 375)*
Section 2

Current Jail Supervisor Paid Position

Maximum allowable points for Section 2: 200 points

Position must meet the requirements set forth in the definition of "Jail Supervisor." If applicable, please list previous jail supervisory positions on the following page.

Required Documentation: An agency Job/Position Description for Current and Previous supervisory positions listed. You will also receive 10 points per year as a front line officer. Points awarded for complete years ONLY.

Candidate: ____________________________________________________________

Current Employing Agency: _____________________________________________

Agency Address: __________________________________________________________________

Current position: __________________________________________________________

Rank (if applicable): _______________ Dates: From: ___/___/____ To: ___/___/____

# of full years completed as a supervisor __________ x 40 pts = __________

# of full years completed as a front line officer ____________ x 10 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 Supervisor Paid Position
“CONTINUED”

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

The information provided in the Current Jail Supervisor Paid Position section of this CJS Application (EBF) 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 Supervisor Paid Position

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) _____________________________________________________

______________________________

Section 2- Point Talley:

_________ Total Points for Current Position

_________ Total Points for Previous Positions

_________ Total Points (Maximum allowable points for combined: 200)
Section 3
Leadership Activities

(Candidates must accumulate at least 10 points anywhere in Section 3 to be eligible)

Maximum allowable points combined for Section 3: **200 points**

Volunteer LEADERSHIP positions held on jail supervisory/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.

<table>
<thead>
<tr>
<th>Organization:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office or position held:</td>
<td></td>
</tr>
<tr>
<td>Name of Board/Committee/Task Force/Commission:</td>
<td></td>
</tr>
<tr>
<td>Goals &amp; Purposes of the Board/Commission/Committee/Task Force:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of service:</th>
<th>From: _______ / _______ / _______ To: _______ / _______ / _______</th>
</tr>
</thead>
<tbody>
<tr>
<td># of years _______ Board/Commission Officer:</td>
<td>x 25 points = _______</td>
</tr>
<tr>
<td># of years _______ Board/Commission Member:</td>
<td>x 20 points = _______</td>
</tr>
<tr>
<td># of years _______ Committee Chair/Task Force Leader</td>
<td>x 15 points = _______</td>
</tr>
<tr>
<td># of years _______ Committee Member/Task Force Member</td>
<td>x 10 points = _______</td>
</tr>
</tbody>
</table>

______ Total points

<table>
<thead>
<tr>
<th>Organization:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office or position held:</td>
<td></td>
</tr>
<tr>
<td>Name of Board/Committee/Task Force/Commission:</td>
<td></td>
</tr>
<tr>
<td>Goals &amp; Purposes of the Board/Commission/Committee/Task Force:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of service:</th>
<th>From: _______ / _______ / _______ To: _______ / _______ / _______</th>
</tr>
</thead>
<tbody>
<tr>
<td># of years _______ Board/Commission Officer:</td>
<td>x 25 points = _______</td>
</tr>
<tr>
<td># of years _______ Board/Commission Member:</td>
<td>x 20 points = _______</td>
</tr>
<tr>
<td># of years _______ Committee Chair/Task Force Leader</td>
<td>x 15 points = _______</td>
</tr>
<tr>
<td># of years _______ Committee Member/Task Force Member</td>
<td>x 10 points = _______</td>
</tr>
</tbody>
</table>

______ Total points
Scheduled Speaker/Instructor

Maximum allowable Speaker points: 200 points

Scheduled Speaker/Instructor for the purpose of teaching subjects specifically related to jail supervisory 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 supervisory related subject discussed: ____________________________________

________________________________________________________________________

Attended by: _____________________________________________________________

Location of event: _______________________________________________________

Dates of service: From: _____/_____/_____ To: _____/_____/_____

# of hours _______ x 3 points = _______

_______ Total points

Organization conducting event: ____________________________________________

Jail supervisory related subject discussed: ____________________________________

________________________________________________________________________

Attended by: _____________________________________________________________

Location of event: _______________________________________________________

Dates of service: From: _____/_____/_____ To: _____/_____/_____

# of hours _______ x 3 points = _______

_______ Total points
Technical Assistant Consultant

Participation as a technical assistance consultant in an advisory (paying or nonpaying) capacity on jail operations/supervisory 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 will be 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 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 supervisory-based and relevant to the role of the jail supervisor.

**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 = 50 pts

[ ] Chapter in a Book = 25 pts

[ ] Magazine Article/Bulletin = 20 pts

_______Total points
National Certifications

**Required Documentation:** Attach a copy of the official notification of certification on the sponsoring organization’s letterhead. Points awarded for certifications emphasizing jail supervisory/management, criminal justice management, or public management.

Points for certifications will be allowed for:

- **CCT**  Certified Correctional Trainer, AJA/IACTP: 15 points
- **CJO**  Certified Jail Officer, AJA: 10 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 supervisor.

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 Volunteer Leadership Service

Maximum allowable: 40 points

Roles performed in the community outside of your role as a paid jail supervisor. 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/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

Section 3- Point Talley:

_______ Total Points (Maximum allowable points for combined: 200)
### CJS EBF SUMMARY OF POINTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TOTAL POINTS</th>
<th>Maximum allowable points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>375</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>200</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>200</td>
</tr>
</tbody>
</table>

Applicants must attain **350 points** out of a possible **775 points** on the EBF to be eligible to take the CJS examination.

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, 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 CJS designation. I acknowledge that I have read and understand the CJS 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 Supervisor, failure to successfully pass the required examination or to be awarded certification.

____________________  ______________________
Signature                Date

---

Revised 2019