



Certified Jail Manager Program



# APPLICATION & EXPERIENTIAL BACKGROUND FORM (EBF)

## EBF SECTIONS AND MAXIMUM POINT VALUES

**Section 1** - Education and Training – 375 points (at least two separate activities within last three years)

**Section 2** - Jail Management Paid Experience – 200 points

**Section 3** - Leadership Activities – 200 points (must have at least 20 points in this section to apply)

**500** points out of a possible **775** points are required to be eligible to sit for the CJM examination.

There is no requirement that activities you list had to occur within a certain period, with the exception of **Section 1** (Education and Training). In that section, you must list *at least* two separate training/education activities you engaged in **within the last THREE years** which, when combined, total *at least* **40 points**.

In **Section 3** (Leadership Activities), at least 20 points **MUST** be acquired in order to be eligible.

## INSTRUCTIONS:

### STEP 1: Preparation

Go to [www.aja.org](http://www.aja.org) and download the *CJM Program Handbook*, the *Resource List*, and *AJA Certification Online Registration and Exam Instructions*. Please read the handbook prior to filling out the CJM application.

### STEP 2: Complete the application

Complete the *CJM Candidate Application/EBF* to apply for eligibility to take the examination. **Required Documentation will be clearly marked on 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](mailto:kendrat@aja.org). You may also contact her if you have any questions during the application process. NOTE: AJA accepts payment from Navy COOL for military corrections personnel.

#### **Application and Examination Fees:**

AJA Member \$499

AJA Nonmember \$599

Retake Fee \$200

Recertification by Exam \$370

\*Leadership Academy Graduates \$399

*\*all leadership academy graduates must submit proof of graduation with their application.*

### 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 online CJM examination. Otherwise, if you are taking the examination on your own time or at home, please read the *AJA Certification Online Registration 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 the computer requirements and at least 4 hours set aside to take the exam.

***IMPORTANT: You have ONE (1) month to take the CJM 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](http://www.aja.org)

Revised 2019



American Jail Association

JAIL MANAGER CERTIFICATION COMMISSION



CERTIFIED JAIL MANAGER PROGRAM

CJM Candidate 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 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 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*

Section 1

# MANAGEMENT-BASED EDUCATION / TRAINING

**Maximum allowable points for Management-Based Education, Distance Learning and Independent Studies combined: 250 points**

To be awarded 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:** 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.**

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*

## DISTANCE LEARNING

*Maximum allowable points for Distance Learning: 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 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

## INDEPENDENT STUDY

### AJA’S JAIL MANAGERS BULLETIN (JMB)

**Jail Managers Bulletin:** 10 points per volume (consists of 12 bulletins) will be awarded for the study of AJA’s Jail Managers Bulletins. Candidate must complete the entire volume of study and have a signature from the training department or facility administrator.

**Required Documentation:** The name, title, phone number, and signature of the individual verifying the JMB independent study is required to receive points.

**Please check off the volume number(s) of the Jail Managers Bulletins that you studied:**

JMB Volume #1: \_\_\_\_\_ Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 JMB Volume #2: \_\_\_\_\_ Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 JMB Volume #3: \_\_\_\_\_ Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 JMB Volume #4: \_\_\_\_\_ Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 JMB Volume #5: \_\_\_\_\_ Date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of agency representative verifying completion: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_ *Total points*

**Section 1 - Point Talley:**

\_\_\_\_\_ **Formal Education** (*Maximum allowable points: 150*)

\_\_\_\_\_ **Management-based Education/Training, Distance Learning, Independent Study** (*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**

**Current position as a Jail Manager.** (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 are 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: \_\_\_\_\_

Section 2

**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 & Experiential Background Form (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**

Section 2

**PREVIOUS JAIL MANAGEMENT PAID EXPERIENCE**

**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*

Section 3

# 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 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 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*

Section 3

# 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.

**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*

Section 3

# 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*

Section 3

## **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*

Section 3

## 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*

**EBF 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 on the EBF 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