

The Texas Certification Board of Addiction Professionals

presents

The Texas System for Certification of

CERTIFIED CRIMINAL JUSTICE ADDICTIONS PROFESSIONAL APPLICANT STATUS (CCJP-A)

APPLICATION PACKAGE

Revised December 2012

TEXAS CERTIFICATION BOARD OF ADDICTION PROFESSIONALS

401 Ranch Road 620 South, Suite 310

Austin, TX 78734

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Fax: (888) 506.8123

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TCBAP Certified Criminal Justice Addictions Professional Applicant Status Application

CCJP-A

(use this form to obtain applicant status only, see below)

After collaborating with criminal justice professionals around the state and around the country, TCBAP has requested and received permission from the International Certification & Reciprocity Consortium to offer the CCJP certification for Criminal Justice Professionals who also work in and around the field of substance abuse.

The CCJP was introduced in Texas in July 2005. **TCBAP is now introducing an Applicant status for individuals working towards obtaining the CCJP. This application is for Certified Criminal Justice Addictions Professional Applicant (CCJP-A) status.** A CCJP-A status may be issued to an individual who has met the educational and practicum requirements for the Texas CCJP, but has not yet passed the exam and may still be working on direct service/work experience hours. The CCJP-A applicant status will be issued for a period of five (5) years, in which time you must meet the requirements for and pass the written IC&RC CCJP exam for the full Texas CCJP. Full requirements can be viewed on Page 3. You may renew your CCJP-A certification for a period of three years one time only, provided you meet all re-certification requirements.

Pursuant to Texas Administrative Code Chapter 140, Rule 140.401, an individual having a Certified Criminal Justice Professional Applicant status issued by the Texas Certification Board of Addiction Professionals or a Certified Criminal Justice Addictions Professional by the International Certification and Reciprocity Consortium providing chemical dependency counseling through a program or in a facility that receives funding from the Texas Department of Criminal Justice is exempt from LCDC licensure requirements when they offer or provide chemical dependency counseling services within the scope of their authorized duties and scope of practice.

Please use this application only to apply for the CCJP-A (Applicant) status. If you have already passed the exam please complete the full CCJP application, which can be obtained at www.tcbap.org.

Below you will find a chart detailing the minimum requirements for certification as a CCJP-A based on hours of direct supervision (practicum), and education. Please note that requirements vary based on your degree/current certifications. More details about these requirements can be found on Page 2 of this application.

MINIMUM REQUIREMENTS

Degree	Hours of Direct Supervision (Practicum)	Hours of Education*
Doctoral Degree or AAC	N/A	60++
Master's Degree or CCS, MAC, NASW	80	100++
Bachelor's degree or ADC or LCDC	100	150++
Associate's Degree	150	200++
HS Diploma/ GED	200	270++

- * Education is defined as the specific educational requirements of this credential, as outlined under Hours of Education Section on page 2.
- * Time Limit: All direct service/work experience requirements must have been met within the past 10 years, experience hours prior to that time period will not be accepted.
- * Degree must be in a Human Services/Behavioral Sciences field from an accredited college or university

Hours of Education

Hours of education should include the eight core skill functions listed below as they relate to both adults and juveniles. Please note that at least **six (6) hours should be in criminal justice ethics. A minimum of ten hours in each core skill function are required and you must complete a total of the number of hours outlined in the chart on page 1 (for example 270+ hours for HS Diploma/GED, 200+ hours for Associate's Degree, etc.):**

Core Skill Functions

- Dynamics of Addiction and Criminal Behavior
- Legal, Ethical and Professional Responsibility
- Criminal Justice System and Processes
- Clinical Evaluation: Screening and Assessment
- Treatment Planning
- Case Management, Monitoring and Participant Supervision
- Counseling
- Documentation

For further explanations of the core skill functions domains please visit the "About Certification" section on www.tcbap.org and look under the CCJP section.

Documentation of Education Hours

Education hours must be documented by submitting with this application, copies of CEU certificates from approved continuing education providers, or official transcripts.

Hours of Direct Supervision (Practicum)

The applicant must submit documentation of on-the-job direct supervision (practicum) in the six core skill areas of the CCJP credential, listed below. **No single core skill function is to be performed for fewer than ten (10) hours and you must complete a total of the number of hours outlined in the chart on page 1 (for example 200 hours for HS Diploma/GED, 150 hours for Associate's Degree, etc).**

Realizing that supervision may take place in a variety of settings, TCBAP determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's ***Technical Assistance Publication number 21***. **TAP 21 defines supervision/clinical supervision as: the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing counselor performance.**

Core Skill Functions

- Dynamics of Addiction and Criminal Behavior
- Legal, Ethical and Professional Responsibility
- Criminal Justice System and Processes
- Clinical Evaluation: Screening and Assessment
- Treatment Planning
- Case Management, Monitoring and Participant Supervision
- Counseling
- Documentation

For further explanations of the core skill functions domains please visit the "About Certification" section on www.tcbap.org and look under the CCJP section.

Documentation of Hours of Direct Supervision (Practicum)

Please document hours of direct supervision (practicum) by completing the form provided on Page 5 of this application packet, and closely follow the guidelines on pages 6-9.

Residency

All persons who apply for the CCJP certification through the Texas Certification Board should be a resident of Texas. At least fifty percent (51%) of the applicant's work should be done in the State of Texas. Exceptions to the residency requirement will be considered on an individual basis by petition to the Texas Certification Board.

Re-Certification

The re-certification requirement is 270 hours of continuing education in the Certified Criminal Justice Addictions Professional (CCJP) eight performance domains and documentation of at least one test attempt for the IC&RC International CCJP exam. Documentation of education hours must be provided in the form of official transcripts or continuing education certificates from approved providers. Hours must be earned since your last application for CCJP-A. For complete renewal requirements, please see the CCJP-A renewal application on www.tcbap.org.

****Please Note Requirements For Obtaining FULL CCJP****

Upon submission and approval of this application (CCJP-A) you will be granted the Certified Criminal Justice Addictions Professional Applicant Status. This status will show that you have met the educational and practicum requirements for the Texas CCJP, but have not yet taken and passed the national CCJP written exam and have not submitted work experience hours. Please note that these two requirements: obtaining successful scores on the national CCJP exam and submitting work experience hours are not required for this application, CCJP-A applicant status, but will be required before you can be issued the full CCJP credential. The National CCJP written exam will be given by TCBAP on demand via computer based testing. For test dates and locations visit, www.tcbap.org and click on testing forms for download. Once you have completed the written exam and work experience hours you will be eligible to apply for the full CCJP. Requirements for the full CCJP are below. Please note that the Texas full CCJP must be renewed every two years. Both the full application and the renewal requirements can be viewed on our website, www.tcbap.org.

The chart below shows requirements for the full CCJP. Please note that these are the requirements for the full CCJP, which include the exam and work experience hours. For applicant status only the hours of direct supervision (practicum) and hours of education are required.

Degree*	Direct Services/ Work Experience	Time Limit**	Hours of Direct Supervision (Practicum)	Hours of Education*	Written Exam
Doctoral Degree or AAC	1,000 hrs.	10 years	N/A	60++	Successful completion of the International IC&RC CCJP written exam
Master's Degree or CCS, MAC, NASW	2,000 hrs.	10 years	80	100++	Successful completion of the International IC&RC CCJP written exam
Bachelor's degree or ADC or LCDC	4,000 hrs	10 years	100	150++	Successful completion of the International IC&RC CCJP written exam
Associate's Degree	5,000 hrs.	10 years	150	200++	Successful completion of the International IC&RC CCJP written exam
HS Diploma/ GED	3 yrs./6,000 hrs	10 years	200	270++	Successful completion of the International IC&RC CCJP written exam

****Time Limit means that all work experience and education must have been completed within the last 10 years.**

***Degree must be in a Human Services/Behavioral Sciences field from an accredited college or university**

***Education is defined as the specific educational requirements of this credential, as outlined under Hours of Education Section on page**

CCJP-A Applicant Status Application

Last Name	First Name	Middle Name
<hr/>		
Street Address		
<hr/>		
City	State	Zip Code
<hr/>	<hr/>	<hr/>
Home Telephone	Home Fax	Home Email Address
<hr/>	<hr/>	<hr/>
Current Employer		Date of Birth
<hr/>		<hr/>
Employer's Mailing Address		
<hr/>		
City	State	Zip Code
<hr/>	<hr/>	<hr/>
Work Telephone	Work Fax	Work Email Address
<hr/>	<hr/>	<hr/>
I would like for my mail to be sent to: <input type="checkbox"/> Home OR <input type="checkbox"/> Work Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		

Employment Setting		
Institutional Setting:	<input type="checkbox"/> Corrections, State Institutional (prisons) <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Corrections, County/City Inst. (detention) <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Community Setting:	<input type="checkbox"/> Community Corrections (Probation, Parole, etc.) <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Court Mandated (Drug Court, Pretrial/Diversion) <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	
Treatment Setting:		<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile
Other:	<hr/>	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile

Highest Education Level Completed		
<input type="checkbox"/> High School Diploma or GED	<input type="checkbox"/> Vocational Certification	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor of Arts/Sciences	<input type="checkbox"/> Master of Arts/Sciences	<input type="checkbox"/> Doctorate

Degree must be in a Human Services/Behavioral Sciences field from an accredited college or university

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Other Certifications/Licenses	<input type="checkbox"/> LPC <input type="checkbox"/> LMSW <input type="checkbox"/> AAC <input type="checkbox"/> ASOTP <input type="checkbox"/> RSOTP <input type="checkbox"/> LCDC <input type="checkbox"/> LMFT <input type="checkbox"/> ADC <input type="checkbox"/> Other _____
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Have you ever undergone a disciplinary action for violation of any Code of Ethics?
 YES _____ NO _____ (If YES, please attach letter of explanation)

I hereby attest to the fact that I, the applicant, am a treatment professional providing services in a setting which provides either counseling, service coordination, behavior management, or behavior shaping to drug involved adult or juvenile offenders. Further, all answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to the TCBAAP regarding my academic status.

_____ **Applicant Signature**
 _____ **Credentials**
 _____/_____/_____ **Date**

Hours of Direct Supervision (Practicum) Form

Instructions for Completion: Supervisor's should complete this form and are also required to keep time sheets/documentation verifying supervised practical experience for a minimum of five years after completion. A weekly time sheet can be found on Page 10 of this application and at www.tcbap.org. This form is not intended to document applicant's total number of hours worked, but rather the hours of face-to-face supervision you have provided the applicant. This document must be returned to applicant to be included in CCJP-A application packet. A minimum of 10 hours is required in each of the six domains listed below, but the total number of hours must be the minimum outlined in the chart on page 1 (for example 200 hours for HS Diploma/GED).

Applicant Last Name First Name Middle Name

"I hereby attest to the fact that the applicant is a criminal justice professional providing services in a setting which provides either counseling, service coordination, behavior management, or behavior shaping to drug involved adult or juvenile offenders, and that I have provided the applicant face-to-face supervision for the number of hours noted below. I will keep weekly time sheets/documentation verifying supervised practical experience on file for a minimum of five years after completion and I will provide time sheets/documentation to TCBAP should they be requested."

- Dynamics of Addiction and Criminal Behavior _____ (minimum of 10 hours)
- Legal, Ethical, and Professional Responsibility _____ (minimum of 10 hours)
- Criminal Justice System and Processes _____ (minimum of 10 hours)
- Clinical Evaluation: Screening and Assessment _____ (minimum of 10 hours)
- Treatment Planning _____ (minimum of 10 hours)
- Case Management, Monitoring, and Client Supervision _____ (minimum of 10 hours)
- Counseling _____ (minimum of 10 hours)
- Documentation _____ (minimum of 10 hours)

TOTAL # of face-to-face supervision hours I have provided the applicant _____.
 (Refer to minimum requirements section on page 1 for minimum number of hours of supervision needed.)

For further explanations of the core skill functions domains please visit the "About Certification" section on www.tcbap.org and look under the CCJP section.

Supervisor Signature Date / / _____

PRINTED First Name PRINTED Last Name Credentials

Supervisor's Employer Supervisor's Work Phone Number

Employer's Mailing Address City State Zip Code

Texas Certification Board of Addiction Professionals Verifying and Documenting Hours of Direct Supervision (Practicum)

The applicant's supervisor/agency must keep documentation of the on-the-job supervision (practicum) in the eight core skill areas of the CCJP credential listed below. No single core skill function is to be performed for fewer than ten (10) hours and you must complete a total of the number of hours outlined in the chart on page 1 (for example 200 hours for HS Diploma/GED, 150 hours for Associate's Degree, etc).

1. Dynamics of Addiction and Criminal Behavior
2. Legal, Ethical and Professional Responsibility
3. Criminal Justice System and Processes
4. Clinical Evaluation: Screening and Assessment
5. Treatment Planning
6. Case Management, Monitoring and Participant Supervision
7. Counseling
8. Documentation

Documentation of Hours of Direct Supervision (Practicum)

Practicum Supervisor's/Practicum Agencies must keep verification of their practicum students hours utilizing the CCJP Practicum Weekly Time Sheets and the CCJP Supervised Practicum Fieldwork (SPF) Weekly Documentation Form. These documents must be kept on file for a minimum of five years after the practicum has been completed, and must be provided to TCBAP if requested.

The Practicum Weekly Timesheet should only reflect hours that were worked in tasks related to the core functions and must be signed and dated.

There should be an SPF Weekly Documentation Form that corresponds to each Weekly Timesheet.

Instructions for Completing the SPF Weekly Documentation Form are as follows:

Section 1:

Name of the Practicum student;

Dates of supervision - refers to the dates of the week that the supervision occurred for the core functions identified on the form;

Total hours this week, and cumulative hours, cumulative hours are the hours that were earned for the current week and previous weeks to date;

Name of the Supervisor/QCC - the individual actually supervising/verifying the task performed by the practicum student;

Name of the agency/site in which the task are being performed.

Section 2: This section identifies the core functions in which the practicum student is required to perform task in. Only those task that are being worked on during the week identified in Section 1 should be reflected. For each Core function selected each task performed within that core function should be documented in the Skills Demonstrated within the Identified Functions column of the form, (i.e. group facilitation, observed assessments, etc.)

Section 3: Identify any goal(s) established during the previous week and note any progress made towards that goal.

Identify any goals for the next week and note any training activities/readings assigned to the practicum student.

The form must be closed out each week with signatures and dates from the Practicum student and the supervisor/QCC supervised and verified the fieldwork conducted.

The supervisor/entity will be required to keep a copy of the practicum documentation for five years after the practicum hours have been completed.

Acceptable Documentation for a Practicum Conducted at College/University

- An official college transcript (no photocopies) showing the completed practicum course with a letter from the school's department chair/coordinator stating the practicum was completed in the field of chemical dependency;
- A copy of the classroom certificate (only if completed through continuing education at a college or university) with a letter from the department chair/coordinator stating the practicum was completed in the field of chemical dependency;
- An official college transcript showing an approved degree which will waive the practicum requirements.

CCJP-A Supervised Practicum Fieldwork Weekly Documentation Form

section one

Name of Practicum Student: _____

Dates of Supervision: _____

From: _____

To: _____

Cumulative

Total Hours This Week: _____

Hours: _____

Name of Supervisor/QCC: _____

Name of Agency/Site: _____

section two

	CORE FUNCTIONS	SKILLS DEMONSTRATED WITHIN THE IDENTIFIED FUNCTIONS
<input type="checkbox"/>	Dynamics of Addiction and Criminal Behavior	
<input type="checkbox"/>	Legal, Ethical and Professional Responsibility	
<input type="checkbox"/>	Criminal Justice System and Processes	
<input type="checkbox"/>	Clinical Evaluation: Screening and Assessments	
<input type="checkbox"/>	Treatment Planning	
<input type="checkbox"/>	Case Management, Monitoring and Participant	
<input type="checkbox"/>	Counseling	
<input type="checkbox"/>	Documentation	

SECTION THREE

Previous Week Goal(s):	
Progress towards Previous Week Goal(s):	
Goal(s) for Next Week	
Plan (Training Activities/Readings):	

Practicum Student Signature: _____ **Date:** _____

Supervisor/QCC Signature: _____ **Date:** _____

CCJP-A Supervised Practical Experience Time Sheet Documentation Form

This is the time sheet that should be used to document the CCJP-A supervised practical experience. Applicants ARE NOT required to return this form to TCBAP with their application but practicum supervisors/agencies are required to keep this documentation on file for a at least five years from the date of completion and this documentation must be provided to TCBAP upon request. For an excel version of this spreadsheet with formulas to help tabulate totals visit www.tcbap.org.

Student Name: _____

Supervisor Name: _____

Week Beginning _____ **Week Ending:** _____

Core Skill Function	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Current Week Total	Cumulative total last week	Cumulative total
Dynamics of Addiction & Criminal Behavior										
Legal, Ethical & Professional Responsibility										
Criminal Justice Systems & Processes										
Clinical Evaluation: Screening & Assessment										
Treatment Planning										
Case Management, Monitoring & Participant Supervision										
Counseling										
Documentation										
DAILY TOTAL HOURS:										

Practicum Student Signature _____ Supervisor Signature _____

Formal Education

List below all formal education (high school, college, university) you have received. **BE SURE TO INCLUDE AN OFFICIAL COLLEGE/UNIVERSITY TRANSCRIPT.** *Note: Degree must be in a Human Services/Behavioral Sciences field from an accredited college or university. All post-secondary education must come from an accredited college or university.*

FORMAL EDUCATION	NAME OF SCHOOL LOCATION OF SCHOOL	GRADUATION YEAR	DEGREE
HIGH SCHOOL			
COLLEGE OR UNIVERSITY (UNDERGRADUATE)			
COLLEGE OR UNIVERSITY (GRADUATE)			
COLLEGE OR UNIVERSITY (POST-GRADUATE)			

Certified Criminal Justice Professional Applicant
SUPERVISED WORK EXPERIENCE DOCUMENTATION FORM

Texas Certification Board of Addiction Professionals
401 Ranch Road 620 South., Suite 310
Austin, TX 78734

SUPERVISOR: Please complete form, give a copy to Applicant, and mail original to TCBAP.

PLEASE TYPE OR PRINT

Applicant Name: _____
(Last) (First) (Middle)

Certification Number: _____ Date of Birth: _____

CCJP Applicant Registration Effective Date: _____ Expiration Date: _____

WORK EXPERIENCE INFORMATION

Company Name: _____ Telephone #: _____

Work Address: _____ City, State ZIP _____

Dates of Service From: _____ To: _____ Hours per week: _____

Total clock hours in CCJP domains for period claimed above, excluding holidays, etc. _____

WORK SETTING INFORMATION

Institutional Setting: Corrections, State Institutional (prisons) Adult Juvenile
 Corrections, County / City Inst. (detention) Adult Juvenile
Community Setting: Community Corrections (Probation, Parole, etc.) Adult Juvenile
 Court Mandated (Drug Court, Pretrial/Diversion) Adult Juvenile
Treatment Setting: Adult Juvenile
Other: _____ Adult Juvenile

QUALIFIED CREDENTIALLED PROFESSIONAL INFORMATION

As the Qualified Credentialed Professional (QCP), did you provide direct supervision to the Applicant?

Yes No If no, who? _____
Name Credentials & Number

Do you have any reservations about the Applicant being granted certification as a certified criminal justice professional?

Yes No If yes, please explain: _____

Other comments: _____

By signing below, I affirm that the information provided on this form is true and accurate. I understand that I may be subjected to disciplinary actions if I provide false or misleading information.

Print name: _____ Credentials & Number(s) _____

Signature: _____ Date: _____

PROGRAM DIRECTOR, ASSISTANT PROGRAM DIRECTOR, or ADMINISTRATOR INFORMATION

I attest the above named Applicant completed these hours Program Director Assistant Program Director
at our facility. Administrator

Signature _____ Credentials & Number(s) _____ Date _____

CCJP-A Code of Ethical Behavior

It is expected that, in the management of, or delivery of services to, individuals with criminal justice involvement, recipients of CCJP-A certification will:

General Respect and Caring

- Perform duties with the attitude that change can occur, and accept responsibility for facilitating that change.
- Demonstrate appropriate respect for the dignity, worth, knowledge, insight, experience, and areas of expertise of others.
- Accept responsibility for the consequences of their actions.
- Make every reasonable effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to harm others.
- Encourage others, if appropriate, to relate with integrity, to respect the dignity of persons, and to expect respect for their own dignity.
- Assume overall responsibility for the scientific and professional activities of assistants, students, supervisees, and employees with regard to respect for the dignity of persons, all of whom, however, incur similar obligations.

Conflict of Interest

Avoid relationships (e.g., with students, employees, or clients) and other situations which might present a conflict of interest or which might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others.

Do No Harm

- If making a referral to a colleague or other professional, maintain appropriate contact, support, and responsibility until other service begins.
- Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death, as allowed by Texas law.

Confidentiality

- Embrace, as a primary obligation, the duty not to disclose confidential information acquired in teaching, practice or investigation without appropriately executed consent within the standards and guidelines of Federal and state regulations.
- Adhere strictly to established rules of confidentiality of all records, materials, and knowledge concerning persons served in accordance with all current government and program regulations.

Informed Consent

- Seek as full and active participation as possible from others in decisions, which affect them.
- Practice within the guidelines and standards of Federal and state regulations regarding informed consent and human subjects protocols.

Competence and Self-Knowledge

- Espouse objectivity and integrity, and maintain the highest standards in the services offered.
- Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.
- Accurately represent their own and their associates' qualifications, education, experience, competence, and affiliations, in all spoken, written, or printed communications, being careful not to use descriptions or information which could be misinterpreted.
- Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- Keep themselves up to date with relevant knowledge, research methods, and techniques, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research activities and conclusions will benefit and not harm others.
- Develop and utilize strategies to maintain one's own physical and mental health.

Reliance on the Discipline

Seek consultation from colleagues and/or appropriate groups and committees, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.

Resolving Ethical Issues

- TCBAP certified professionals shall take appropriate action when they possess information that raises doubts as to whether another professional is acting in an ethical manner.
- TCBAP certified professionals shall not initiate, participate in, or encourage the filing of ethics complaints that are frivolous or intend to harm a professional rather than to protect clients or the public.
- TCBAP certified professionals shall cooperate with investigations, proceedings, and requirements of a TCBAP ethics investigation or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.

Applicant Signature

____/____/____
Date

Assurance and Release

TCBAP may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

"I give my permission for the TCBAP and staff to investigate my background as it relates to information contained in this application for certification as a Certified Criminal Justice Professional. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification."

"I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the TCBAP, to officers, members, and staff of the aforementioned board."

"I further agree to hold the TCBAP, its officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of TCBAP to issue certification."

"I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying."

Applicant Signature

Credentials

____/____/____
Date

CCJP-A Requirements

The application requirements for certification for a CCJP-A shall include academic achievement, and formal training, including the following:

1. Documentation of required training/education hours commensurate with level of formal education (see Minimum Requirements on page 2). Documentation should be in the form of copies of CEU certificates from approved continuing education providers, or official transcripts.
2. Documentation of required direct supervision (practicum) hours commensurate with level of formal education (see Minimum Requirements on page 2). Documentation should be provided on the form on page 5.
3. Sign and agree to comply with the ethical standard as set forth in the Texas System of Certification for Certified Criminal Justice Professionals.

If there are problems with your application materials, you will be notified in writing via mail. TCBAP reserves the right to request further information from employers and other persons listed on the application forms.

Make a photocopy of your entire completed application including all attachments - this is for your records. Send the original copy of the application and copies of all other documents to TCBAP at the address listed below. **(FAXED applications will not be accepted.)**

Fees for Certification of CCJP-A

The fee for the CCJP-A shall be \$50.00.

Certification Checklist and Payment Instructions

Enclosures

- _____ Certification Application
- _____ Signed Assurances and Release
- _____ Signed Code of Ethics
- _____ Direct Supervision (Practicum) Documentation Form
- _____ Documentation of formal education
- _____ Documentation of continuing education hours as required for your degree/certification level, refer to chart on page 1. *Documentation must be submitted in the form of photocopies of CEU certificates from approved providers or through official transcripts.*

CCJP-A Fees

_____ Original Application Fee..... \$50.00

Payment Information

_____ I have enclosed a check or money order payable to TCBAP
_____ I authorize TCBAP to charge my credit card in the amount of \$_____
_____ Visa _____ Mastercard _____ American Express _____ Discover
Card No. _____ Exp Date _____ CVC _____
Cardholder Name _____
Cardholder Signature _____
I understand that my credit card billing statement will show charges from TCBAP or TAAP.

Please send completed application with payment to: TCBAP, 401 Ranch Road 620 South, Ste. 310, Austin, TX 78734.

Phone: (512) 708-0629 **Fax:** (888) 506-8123 **Email:** admin@tcbap.org **Web:** www.tcbap.org

Procedure for Code of Ethics Complaints

TCBAP has a process established to provide an avenue through which persons can file complaints about the ethical conduct of a TCBAP CCJP-A or an applicant to the certification system. This provides a procedure and a forum by which such a professional or applicant may make a good-faith dispute and respond to such complaints. This system is used to adjudicate complaints, which, have been found to be irresolvable through other means. Prior to employing the process, persons are encouraged to attempt to resolve the situation through other means, i.e., personally with the CCJP-A professional or through the CCJP-A professional's supervisor/employing agency. If this means fail or do not satisfactorily resolve the circumstances, the disciplinary review process may be the appropriate vehicle to address the complaint.

Ethic complaints must be submitted in writing and mailed to TCBAP Headquarters at 401 Ranch Road 620 South, Ste. 310, Austin, TX 78734.