



Florida Corrections Accreditation Commission, Inc.

Participating Agency Application

The Mentoring Program is open to agencies with an inexperienced accreditation manager.

Accreditation Manager Name:

Agency Name:

Phone Number/Email:

Is your agency currently accredited with FCAC? Yes No

If no, does your agency have a current accreditation agreement on file? Yes No

Do you have any experience in accreditation? Yes No

If yes, please explain. _____

What is your level of expertise with PowerDMS and file building?

- Expert
- Intermediate
- Beginner

Your CEO's signature below signifies approval for participation in the requirements of the Mentor Program and any costs associated with participation.

CEO Signature: _____ Date: _____

For use by FAO Staff only

Reviewed by:

Date Received:

Approved by:

Date:

Mentor Assigned:

Date:

Comments: