

Florida Corrections

Accreditation Commission

 **THIS FORM MUST BE COMPLETED PRIOR TO ATTENDING ASSESSOR TRAINING**

## ASSESSOR APPLICATION

Thank you for your interest in becoming a FCAC Assessor. To qualify to attend the training class and become an assessor, you must complete this application and meet the following criteria:

* **Be from an agency that is FCAC accredited or is actively pursuing FCAC accredited status;**
* **Have three or more years of Florida correctional, pretrial or probation experience (civilian or certified);**
* **Complete and maintain CJIS Online Security training;**
* **Provide documentation of a successfully completed fingerprint based background check (if requested); and**
* **Have authorization from your agency’s Chief Executive Officer or Jail Administrator.**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_\_

Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank/Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corrections \_\_\_\_ Pretrial \_\_\_\_\_ Probation \_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date employment started with present agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accreditation Manager: Y N Total experience (corrections/pretrial/probation: \_\_\_\_\_ (years)

Is your agency accredited: Y N Is your agency in the process: Y N

*I understand this commitment is voluntary. The host agency is responsible for providing lodging; per diem at the host agency’s rate; mileage, if you use a personal vehicle for transportation; and a computer, if you do not have a laptop computer available to you. Your agency is responsible for your salary.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO/Approving Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include a brief resume that includes your assignments and responsibilities throughout your career.

**Complete this application and send with your resume to:**

**flaccreditation@fdle.state.fl.us**