

Certification Application Part 2

Please complete the following forms and mail them along with payment to:

NAPSA Certification Program
c/o NYC Criminal Justice Agency
52 Duane St. 3rd Floor
New York, NY 10007

Pretrial Services Certification Program

How did ***YOU*** find out about this Certification Program?
[Please check (☒) ALL that apply]:

- a. NAPSA conference
- b. NAPSA website
- c. Affiliate, state, or local conference
- d. Agency staff
- e. Colleague
- f. Other Conferences _____
- g. Flyer
- h. Printed Catalogue
- i. Supervisor
- j. Training Academy
- k. Other: _____

Thank You!

Pretrial Services Certification Program

Enclosed Examination fee: Check level applying for and one applicable fee

Level One (CPSP)	NAPSA members	Non-members	Discounted Fee
<input type="checkbox"/>	<input type="checkbox"/> \$50	<input type="checkbox"/> \$110	<input type="checkbox"/> \$35.00

If you are an NAPSA member, check

7. Payment (Select only ONE payment method – 7a, 7b, or 7c):

7a. Check or Money Order payable to: NAPSA

7b. Institutional Purchase Order # _____

7c. PayPal

Send Declaration, Resume, Table of Organization, Payment or PO to:

NAPSA CERTIFICATION PROGRAM

c/o CJA

52 Duane Street (3rd floor)

New York, NY 10007

Signature: _____

Non-Discrimination: The NAPSA Certification Program and the National Association of Pretrial Services Agencies, in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in any of its policies, procedures, or practices, nor does the Program or the Association discriminate on the basis of sexual orientation.

Additional Information: The NAPSA Certification staff may need to request additional information if a question arises concerning the material you have provided. Such information will be maintained as confidential and will not be made available to any non-certification personnel without the applicant's prior written consent.

Discounted Fee: NAPSA members earning a full-time salary of \$20,000 gross or less may apply for a discounted fee of \$35.00. If you want to request the discount, please provide either a salary verification form signed by your manager or the payroll department. Only NAPSA members earning a full-time salary of \$20,000 or less are eligible for the discounted fee.

Pretrial Services Certification Program

Certification Declaration

To be completed by Applicant:

- A. I, _____
 (print NAME as you wish it to appear on Certification Certificate)
 am applying for Certification status. As part of my application process, it is necessary to document
 (in addition to other information) that I have been in my current position:

_____ since _____
Job Title/Position **Date**

- B. I have read the NAPSA's Code of Ethics. My signature below attests to my agreement to strive to uphold the NAPSA Code of Ethics, and to not engage in any examination improprieties.

- C. All my answers on this Application are correct, to the best of my knowledge. I hereby authorize the Certification Board/Staff to investigate my background as it relates to the information in this application. I understand intentionally false or misleading statements or intentional omissions shall result in denial or revocation of my certification.

I further agree to hold the NAPSA Certification Program, the National Association of Pretrial Services Agencies, its officers, board members, employees, and examiners free from any civil liability for damages or complaints by reason, for 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 to issue a certification certificate.

_____; _____
Applicant's Signature **Date**

_____; _____
Notary's Signature **Date**

- D. To be completed by Applicant's Program Manager or Supervisor Date _____

The above individual has received satisfactory (or better) **performance evaluations** in his/her current position during the past year and is a person **in good standing** at his/her workplace.

PRINT Supervisor's Name **Signature**

PRINT Job Title/Position **PRINT Program**

I attest that this employee earns \$20,000 or less per annum as a full-time employee, or, if a part-time employee, earns a salary that would be equal to \$20,000 or less per annum were he or she working full-time.

PRINT Supervisor's Name

Signature

PRINT Job Title

PRINT Program

FOR CERTIFICATION STAFF USE *ONLY*:

Date Form Received _____ Before 2yr. deadline: **Yes/No**
[circle ONE]

Documentation Received (Check ALL that apply):

	Date Requested	Date Received
1. <input type="checkbox"/> Application for Certification —heading and all items completed	_____	_____
2. <input type="checkbox"/> Completed Certification Declaration form---all items A thru D	_____	_____
3. <input type="checkbox"/> Completed Certification Examination form---all 3 items	_____	_____
4. <input type="checkbox"/> A table of organization ---highlighting applicant's current position, AND a position description	_____	_____
5. <input type="checkbox"/> Education accomplishment---photocopy of highest academic degree from an accredited institution	_____	_____
6. <input type="checkbox"/> Length of full-time, on-the-job pretrial experience --- resume	_____	_____
7. <input type="checkbox"/> Current NAPSA membership , if applicable--- photocopy of current membership card	_____	_____
8. <input type="checkbox"/> Correct Application / Examination Fee paid	_____	_____

¹ **Qualified**—WRITE-IN exam. Site/date _____ / _____ Exam #

[circle 1 or 2]

² Does NOT meet Qualification Standards (if selected, *write-in* reason)

Staff Member: _____ Date: _____