

Application for Individuals

To apply, complete **(type or print legibly)** and sign this form, attach any supplementary statements required in the training program description, obtain the necessary endorsement, and mail or fax to the National Institute of Corrections, 791 Chambers Road Aurora, CO 80011; fax 303-365-4457. **To receive full consideration, each item on both sides of this application must be completed and it must be received by the specified due date. Incomplete applications will be returned.** All applications will be acknowledged. Applicants accepted for participation will receive confirmation and additional information about the program.

Training program title _____

Training program number - _____

For multiple program offerings, I **cannot** attend on the following date(s): _____

Name _____

Mr. Ms. Mrs.

Title _____

Years in position _____

Is your primary job responsibility staff training? Yes No

Agency _____

Mailing address _____

City _____ County _____

State _____ ZIP Code _____

Telephone (_____) _____ Fax (_____) _____

E-mail address _____

Primary area of corrections (check one):

- Adult jail
- Adult community corrections
- Adult prison
- Other (explain) _____

Type of agency (check one):

- Federal—Bureau of Prisons
- Federal—Other
- State
- Indian Country—Bureau of Indian Affairs
- Indian Country—Tribal
- Regional
- County
- Municipal
- U.S. commonwealth or territory
- Foreign
- Private

Agency/institution information:

Institution/facility population _____
 or
 Agency population _____
 Total number of agency staff _____
 Number of staff you supervise _____

If training program is for **team participation**:

- Each team member must complete an application.
- Each team member's individual supplementary information is attached.
- Team members must be listed below.
- All applications must be sent together.

Only one team supplement is required for all team members. List team members below:

If training program is for **individual participation**:

- Attach the supplementary information required in the training program description.

I agree to—

- Fully participate in this program and will complete all pretraining and posttraining assignments.
- Reside at the training site (for Aurora programs) for the duration of the program.

Signature _____ Date _____

Endorsement of Application by Agency Chief Executive Officer

NIC will return as "incomplete" application forms that do not have the endorsement of the chief executive officer of the agency, as defined below:

- For **jails**. If the jail is under the sheriff, the sheriff must endorse the application. If not, the application must be endorsed by the chief executive officer of the local department of corrections.
- For **prisons**. The director or commissioner of the state department of corrections.
- For **community corrections**. The head of the agency, such as the chief probation officer, chairperson of the parole board, executive director of the agency, or director of the department of corrections, depending on the organizational structure of the agency.
- For **employees of the Federal Bureau of Prisons**. Both the warden and the assistant director of human resource management at the central office.

Individuals from private organizations must submit with their application an endorsement letter from the chief executive officer (as defined above) of the public agency to which the private organization provides service. The endorsement letter *must verify that the private organization is contractually or statutorily required to deliver services to the corrections agency making the endorsement.*

Nomination/Endorsement

Nomination or endorsement must be made by the chief executive officer as defined above.

I recommend _____ for participation in the National Institute of Corrections training program for which this application is being submitted. This nomination is made on the basis that the candidate (individually or as a member of a team) will be in a position to effect improvement in our organization. The information provided is accurate and complete. I agree that if the participant in this training program develops an action plan for our agency, outcomes of the implementation will be provided on request to NIC to determine the impact of the training on our organization.

Signature of chief executive officer _____ Date _____

Type or print name _____

Title of chief executive officer _____ Telephone (_____) _____