

NPJS CERTIFIED JUVENILE SERVICES PRACTITIONER INSTRUCTIONS

INSTRUCTIONS FOR SUBMITTING YOUR APPLICATION

1. Complete all sections of the application form.
2. Read and sign the application statement on the bottom of the application form.
3. Attach all supporting documentation to your application:

- _____ Resume
- _____ Copy of diploma
- _____ Copies of training certificates
- _____ Copies of CEUs/CEHs/CECs
- _____ Letters confirming employment
- _____ Certified Transcripts
- _____ Other documents (please list)

Note: NPJS Staff may request additional materials to support your application.

4. Make a copy of the application for your records.
5. Send completed application, documentation, and payment to:

National Partnership for Juvenile Services

300 Perkins Building
EKU/521 Lancaster Avenue
Richmond, KY 40475
Phone: 859-622-6259
Fax: 859-622-2333
Email: npjs@eku.edu

NPJS CERTIFIED JUVENILE SERVICES PRACTITIONER APPLICATION FORM

CONTACT INFORMATION

Name _____ Date of Application _____

Agency _____

Address _____

Phone _____ (h) _____ (w) _____ (c)

Email _____

EMPLOYMENT *(Please provide a resume detailing your experience.)*

Current Employment

Agency _____ Date of Hire _____

Previous Related Employment

Agency _____ Dates _____ to _____

Agency _____ Dates _____ to _____

Agency _____ Dates _____ to _____

(Attach additional sheets if needed)

EDUCATION *(Please provide copy of diploma for highest level of education. Certified college transcripts from accredited institutions of higher education must be mailed directly to NPJS at above address.)*

College/University _____

City and State _____

Highest Degree Earned _____

Area(s) of Concentration _____

Date of Graduation _____

High School _____

City and State _____

Date of Graduation _____

SUPPORTING DOCUMENTATION *(Please check or list all documents requested or enclosed with this application.)*

- _____ Resume
- _____ Copy of highest diploma received
- _____ Copies of training certificates
- _____ Copies of CEUs/CEHs/CECs
- _____ Letters confirming employment
- _____ Certified Transcripts
- _____ Other related documents (please list)

1. _____
2. _____
3. _____

(Attach additional sheets if needed)

Applicant Comments: _____

APPLICATION STATEMENT

In making this application, I fully understand that it is an application for enrollment purposes only. I will submit to approval by the NPJS Board of Directors. By my signature, I agree that I have read and understand the eligibility requirements described in this application and that to the best of my knowledge I meet these eligibility requirements. By my signature, I also agree that I am of good character. If my eligibility changes, I will so notify the NPJS Board of Directors. I understand that any false statement or misrepresentation that I may make in this application may result in the dismissal of this application. I agree to indemnify and hold harmless the NPJS Board of Directors, their officers, employees, and agents from any or all liability, loss, or damage that may result from a denial of my application for certification as a CJSP.

Applicant's Signature _____ Date _____

FOR STAFF USE ONLY	
Date application received:	_____
Date transcripts received:	_____
Date reviewed:	_____
Date approved:	_____
Reason(s) for non-approval:	_____ _____ _____
Date notification sent:	_____