



# Corrections Division Academies Application Form

WSCJTC Form 350 Revised 10/08

Return completed application form to:

Washington State Criminal  
Justice Training Commission

19010 First Ave South

Burien, WA 98148-2055

**FAX COMPLETED APP TO (206) 835-7926**

### APPLICANT PRIORITY

If submitting more than one application for this course, indicate the priority of the applicant:

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**NOTE: Space availability is limited.**

<b>1. REGISTRATION DATE</b> / /		<b>Academy Name:</b>		<b>Academy Location:</b>
<u>Session Number:</u> <small>Located on our website: <a href="http://www.cjtc.state.wa.us">www.cjtc.state.wa.us</a></small>	CMRA 1418 -	COA 1000 -	JSA 1035 -	SSA 1730 -
	JCOA 1049 -	JRCA 1048 -	MPCCA 1052-	WRA 1060 -
<u>Location of Academy:</u>	<u>Session Dates:</u>		<i>Note: If prior injury, COA, JCOA, and JRCA students must complete new Fitness Form.</i>	

<b>2. STUDENT INFORMATION</b>		<b>Applicant's Social Security #:</b> - -		
<u>Applicant's Name:</u> <small>Last, First MI</small>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>DOB:</u>	<u>Job Title:</u>
				<u>Hire Date:</u>
<u>Home Phone:</u> ( ) -	<u>Alternate Phone:</u> ( ) -	<u>Emergency Contact Name:</u>		<u>Emergency Phone:</u> ( ) -
<u>Applicant's Home Address:</u> <small>Street or PO Box City, St Zip</small>				

<b>3. EMPLOYER INFORMATION</b>		<b>Name:</b>	<b>Phone:</b> ( ) -
<u>Student's Work Address:</u> <small>Street or PO Box City, St Zip</small>		<u>Student's Email Address:</u>	
<u>Supervisor's Name:</u>	<u>Supervisor's Phone:</u> ( ) -	<u>Supervisor's Email:</u>	

<b>4. MEALS AND LODGING ELIGIBILITY</b>	<b>NOTE: If Applicant requires special accommodations, please make a request on a separate sheet and attach to this application.</b>		
Lodging and meal service is provided to academy students who must travel in excess of 40 miles to the training site.			
Lodging and meal service is provided to academy students that work in excess of 40 miles from the training site. Applicant's agency address _____ in miles. <b>Please check one of the following, as appropriate:</b> <input type="checkbox"/> Applicant will require provision of lodging and meal service. <input type="checkbox"/> Applicant will not require either meal service or lodging.		Questions regarding the registration process should be directed to the Development, Training, and Standards Division Registrar by Email to <a href="mailto:registrar@cjtc.state.wa.us">registrar@cjtc.state.wa.us</a> .  <b>PLEASE FILL IN ALL SPACES APPLICATIONS MUST BE SIGNED</b>	

<b>6. AUTHORIZATION</b>		<i>For Commission Use Only:</i>	
<u>Agency Administrator/Title</u>  <u>Email:</u>  <u>Training Manager/Title</u>  <u>Email:</u>	Guaranteed	Stand-by	Comments:
	Accepted	Moved to	
	PAT Failure	Cancel date	
	Injury	Removed	
	Re-test Date:		
	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed	
<u>Authorizing Signature/Date:</u> _____ / _____		Once Applicant selection is determined, notification is sent out via Email approximately 5 weeks before academy start date. Student packets are downloadable from our website: <a href="http://www.cjtc.state.wa.us">www.cjtc.state.wa.us</a> .	