

Community Action Partnership
Certified Community Action Professional Candidacy
ENROLLMENT FORM
E-MAIL pages 1-4 to CCAP@CommunityActionPartnership.com

Name:	Job Title of Current Qualifying Position*
Starting date in current qualifying position (mo/yr) _____	
If less than 24 months, what was a previous qualifying position* you held? _____	
Length of time in that position = from (mo/yr) to (mo/yr) _____	
If less than 24 months, what was another previous qualifying position* you held? _____	
Length of time in that position = from (mo/yr) to (mo/yr) _____	
<p><i>*You must complete the Mgmt. or Exec. Staff Qualifying Positions Worksheet on next page to qualify each position you have named above. Total must = at least 24 months to initiate CCAP candidacy. If you have been in your current qualifying position less than 24 months, but full time employment in <u>all</u> qualifying positions, <u>current and previous</u>, in <u>any</u> qualifying agency or association, adds up to 24 months, that meets the requirement. <u>Do not submit this form unless/until you reach that minimum time of employment in qualifying position(s) – (There is no need to add positions beyond 24 months on this form.)</u></i></p>	
Employer for each qualifying position listed above other than current employer :	
Name & Address of current employer.	City/State/Zip Code:
Office Phone:	Email:
Fax:	DATE THIS FORM COMPLETED _____
Current Employer is:	
<p>A Community Action Agency A delegate agency A state Community Services Block Grant or Community Service Program A state, regional or national Community Action related association Other _____</p>	

MANAGEMENT OR EXECUTIVE STAFF QUALIFYING POSITIONS WORKSHEET
Your position(s) in an agency or association identified on Enrollment Form

Position 1 _____

Position 2 (if applicable) _____

Position 3 (if applicable) _____

Total length of time in this, or these, position(s) = _____ months

To qualify for CCAP candidacy, you must have served in at least one position in a CAA (or other related office, or association, listed on the bottom of page 1 of this form) for a minimum of 24 months in which 3 of the following 5 criteria have been met. If you have been in your current qualifying position less than 24 months, but full time employment in all qualifying positions, current and previous, in any qualifying agency or association, adds up to 24 months, that meets the requirement

(Mark [X] "yes" or "no" to each of the following questions for the position(s) you named above. None are to be left blank:)

1. **This position includes authority beyond the mere responsibility to carry out others' orders. It is given the discretion to make decisions about how to manage one or more programs.**

Position 1: Yes _____ No _____ Position 2: Yes _____ No _____ Position 3: Yes _____ No _____

2. **This position supervises at least one other employee.**

Position 1: Yes _____ No _____ Position 2: Yes _____ No _____ Position 3: Yes _____ No _____

3. **This position includes the responsibility to report directly to the agency's board or to a board committee or to the Executive Director/CEO.**

Position 1: Yes _____ No _____ Position 2: Yes _____ No _____ Position 3: Yes _____ No _____

4. **This position includes the responsibility, and attendant accountability, to administer a budget.**

Position 1: Yes _____ No _____ Position 2: Yes _____ No _____ Position 3: Yes _____ No _____

5. **This position is a member of the Executive Team**

Position 1: Yes _____ No _____ Position 2: Yes _____ No _____ Position 3: Yes _____ No _____

By signing below, I attest to the truthfulness of the claims marked above

Signature

Date

REQUIRED ATTESTATIONS

The commitment to pursue CCAP can take considerable time and effort. Institutional and personal support is essential to complete the process successfully. Accordingly, let the CCAP Commission know about your efforts to involve your colleagues in this decision. Check all boxes below that apply to you and submit this page with its required signatures to enroll.

A. I have requested, and received, support for my CCAP candidacy enrollment from: (name) _____ who is either (check one):

my Board Chair **OR** my CEO/Exec. Dir. (Or the equivalent position in an organization that does not have the position of CEO or Exec. Dir.)

B. And that support includes:

a. Agreement to pay my enrollment fee *(or to be included in the cohort paid for by my State Association)*

b. And the agreement to afford, or allow, me the following opportunities:

i. Have access to trainings and/or conferences that will increase my knowledge or skills in service to the work of Community Action as identified in the Body of Knowledge Outline

ii. Engage in a candidates' study group and/or seek assistance from a CCAP mentor

iii. Engage in activities that will increase my ability to advance the work of Community Action outside my agency *(cfr. CDF section III)*

Signature of Board Chair or CEO/Exec Dir

Date

C. Two additional colleagues who attest to the appropriateness of CCAP candidacy for me are:

Name _____

Signature _____ **Date** _____

Relationship to candidate _____

Name _____

Signature _____ **Date** _____

Relationship to candidate _____



COMMUNITY ACTION CODE OF ETHICS

We, as Community Action professionals, dedicate ourselves to eliminating poverty in the midst of plenty in this nation by opening to everyone the opportunity for education and training; the opportunity for work; and the opportunity to live in decency and dignity; and with respect for cultural diversity, commit ourselves to:

- ☞ Recognize that the chief function of the community action movement at all times is to serve the best interests of the poor, thereby serving the best interests of all people.
- ☞ Accept as a personal duty the responsibility to keep up to date on emerging issues and to conduct ourselves with professional competence, fairness, impartiality, efficiency, and effectiveness.
- ☞ Respect the structure and responsibilities of the board of directors, provide them with facts and advice as a basis for their making policy decisions, and uphold and implement policies adopted by the board of directors.
- ☞ Keep the community informed about issues affecting the poor; facilitate communication by the poor with locally elected public officials and the private sector.
- ☞ Conduct our organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication, and compassion.
- ☞ Exercise whatever discretionary authority we have under the law to promote the interest of the poor.
- ☞ Lead the community action movement with respect, concern, courtesy, and responsiveness, recognizing that service to the poor is beyond service to oneself.
- ☞ Demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all our community action activities in order to inspire confidence and trust in the community action movement.
- ☞ Serve in such a way that we do not realize undue personal gain from the performance of our professional duties.
- ☞ Avoid any interest or activity that is in conflict with the conduct of official duties.
- ☞ Respect and protect privileged information to which we have access in the course of official duties.
- ☞ Strive for professional excellence and encourage the professional development of our associates, including those seeking to become certified community action professionals

I have read the Community Action Code of Ethics carefully and agree to abide by it.

Signature _____ Date _____

Approved by Community Action Partnership Board of Directors

September 6, 2002



CCAP ENROLLMENT AND RECERTIFICATION PAYMENT FORM

1A CCAP Candidacy Enrollment Fees - <u>members only</u>		
Package	Individual	Cumulative
One Candidate	\$600	\$600
Two Candidates	\$500	\$1,100
Three Candidates	FREE	\$1,100
Four Candidates	\$400	\$1,500
Five Candidates	FREE	\$1,500
Six Candidates	\$400	\$1,900
Seven Candidates	FREE	\$1,900
Eight Candidates	FREE	\$1,900
Nine, and the number of additional Candidates, <i>n</i>	\$200	\$2,100 + <i>n</i> * \$200
<p>Note: Fee is for full 3 Year Candidacy. All Candidates in the Enrollment Package Must Enroll in <u>Same</u> CCAP Year. (If a candidate is enrolled <u>but</u> does not submit a first CDF, another qualifying candidate from the same agency is permitted to be enrolled for the year(s) remaining in the original candidacy. Contact Partnership for assistance. <i>No enrollment substitutions are permitted for a candidate who has submitted a Candidate Data Form</i>),</p>		
Enter the Enrollment Fee from the Cumulative Column Above That Corresponds to the Number of Candidates from Your Member Organization Enrolling in the Current CCAP Year		_____

1B CCAP Candidacy Enrollment Fee – <u>non-members only</u>			
Item	Price	Quantity	Cost
Enrollment fee	\$635 (non-member)		

2. CCAP Recertification Fees			
Name(s) of CCAPs recertifying	Price	Quantity	Cost
.	\$250/ea		
ALL CCAP FEES		TOTAL AMOUNT \$	



**CCAP CANDIDACY PAYMENT OPTIONS:
CHECK, PURCHASE ORDER OR CREDIT CARD.**

- Check (Please make checks payable to Community Action Partnership.)

Purchase Order # _____

- AmEx MasterCard Visa Discover

Credit Card #: _____ Expiration Date: _____

Name on Card: _____

Signature: _____

Contact phone # for questions _____

If this includes payment for CCAP candidacy, give the name(s) of ALL PERSONS covered in this payment:

Contact Information for Person Completing This Form

Name :

Title and Agency:

Address:

City/State/Zip:

Phone/Fax:

_____ / _____

Email: _____

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Community Action Partnership

Certified Community Action Professional

CHECKLIST

(KEEP THIS PAGE FOR YOUR RECORDS)



Date these items were submitted: _____

CCAP Enrollment Form (*including position worksheet*) _____

CCAP Enrollment Fee (pd by _____) _____

Community Action Code of Ethics _____

Attestations with 3 signatures _____

Candidate Data Form (CDF) _____

Executive Skills Portfolio (ESP) _____

Other Notes: