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|  | Tennessee Corrections Institute |

# Accreditation Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| **Facility:** |  | | | **Date:** |  |
|  |  | | |  |  |
| **Address:** |  | | |  |  |
|  |  | | |  |  |
| **City** |  | | | **Zip:** |  |
|  |  | | |  |  |
|  |  | | |  |  |
| **Sheriff/Appointing Authority:** | | **Print:** | **Signature:** | | |
|  | |  |  | | |
|  | |  | | | |
| **Program(s) Director:** | | **Print:** | **Signature:** | | |

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| --- | --- | --- | --- | --- | --- |
| **Tier of Accreditation being applied for?** | **Tier 1** | **Tier 2** |  |  |  |

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| **Does the facility currently offer Evidence Based Programming?** | **Yes** | **No** |  |  |

**List names of evidence programs being offered within your agency that are listed as highest or 2nd highest within the PEW Clearinghouse Database (All other levels will not be considered):**

**List evidence programs not on the PEW Clearinghouse Database (attach documentation from organization which conducted the scientific research confirming the program as evidence based with a positive impact):**

**List names of other programs being offered:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Accreditation Point of Contact:** | | | |
| **Name:** |  | **Title:** |  |
| **Email:** |  | **Phone:** |  |

## TCI Administrative Use Only

|  |  |  |
| --- | --- | --- |
| **Evidence Based Programming confirmed on PEW-Results First Clearinghouse Database?** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| **Facility Confirmed to have two consecutive years of TCI certification?** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| **TCI Administration:** | **Print:** | **Signature:** |

***Please submit this form along with a cover letter requesting accreditation from the appointing authority. All evidence-based programming documentation not confirmed in the PEW Database will be reviewed in consultation with the TN Department of Correction as deemed necessary.***