



National Association of Pretrial Services Agencies

ACCREDITATION PROGRAM Initial Application Inquiry

Date: _____

Name of Agency or Program: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Telephone #: _____

e-Mail Address: _____

Type of Program: (Check)

_____ Private, not-for-profit

_____ Court Program

_____ Probation Department

_____ Correctional Dept./ Sheriff's Office

_____ Other: (explain) _____

What type of accreditation are you seeking? _____ Screening & Release / _____ Supervision

When are you available to speak with an Accreditation Representative?

Date: _____ Time: _____

Alternate Date: _____ Time: _____

NAPSA WILL CONTACT YOU TO DISCUSS QUESTIONS YOU MAY HAVE ABOUT THE PROCESS. THIS INITIAL CONTACT INVOLVES AN EXCHANGE OF INFORMATION AND MATERIALS DURING WHICH YOUR AGENCY OR PROGRAM IS PLACED IN "APPLICATION STATUS." AFTER DISCUSSION NAPSA WILL:

- CONFIRM SATISFACTION OF ELIGIBILITY;
- SEND MANUALS AND STANDARDS;
- DETERMINE FEES;
- SEND CONTRACT FOR REVIEW AND DISCUSSION.

Questions regarding NAPSA's Accreditation Program should be addressed to Shawn LaGrega, Accreditation Committee Chair, at shawn.lagrega@mainepretial.org.

*"Promoting Pretrial Justice through the Development & Support
of Pretrial Services Agencies Nationwide"*

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