Form 11

Intermediate Public Safety Dispatcher

CAREER DEVELOPMENT PROGRAM



MAIL: Kentucky Law Enforcement Council

Attn: CDP

2624 Research Park Drive Lexington, KY 40511 Phone: 859-622-6218 Web: https://KLECS.ky.gov Email: KLECS@ky.gov INSTRUCTIONS: A Participant Commitment Form I registering you for Intermediate Dispatcher must be submitted prior to this application.

Intermediate Public Safety Dispatcher

TPS certificate + 56 hours of KLEC approved public safety dispatch courses.

TRAINING POINTS

| College/Training Points 15 classroom hours or 1 semester hour = 1 point | Bachelor Degree | Assoc. Degree | 20 | 10 | 5 |
|---|--------------------|------------------|----|----|---|
| Years of Full-time Experience | 2 | 3 | 3 | 4 | 5 |

| SSN: | Name: | | | | DOB: | |
|------------------------|------------------------------------|---|-----------------|--------|----------------|---------|
| | Last | First | MI | Suffix | | |
| Agency: | Employment Date: | Total Years of Full Time Telecommunications Experience: | | | | |
| Current Rank or Title: | | Promotion Date for Current Rank/Title: | | | | |
| Are you a Full-Time T | PS Certified Dispatcher? (only for | ull-time may | apply) | Yes | No | |
| I have completed th | he training requirements. | | | | | |
| Diam. | etakan Carraga (EC karra) | | Carre | _ | Carras | Harring |
| Dispa | atcher Courses (56 hours) | | Course Numbe | | Course Year | Hours |
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Form 11 cont.

Educational History

All college educational hours must be supported by a copy of your official transcript, which must be attached to this application. Please do not send originals. Items will not be returned.

| | | | Record total number of training points earned from training transcript (see transcript) | | | | |
|--|--|--------------------|---|--|--|--|--|
| + | Record total number of college semester hours earned | | | | | | |
| Total number of training points earned | | | | | | | |
| A | pplicant Er | mail: | | | | | |
| | | | | | | | |
| Participant Signature | | nature | Date | | | | |
| | | | | | | | |
| Agency Head Signature | | Signature | Date | | | | |
| | 10.50.00 | | | | | | |
| For | KLEC office | e use only | | | | | |
| Rev | iewed by | | Date | | | | |
| | APPROVEI | D NOT APPROVED, WI | ΊΥ | | | | |