

**Form 13****Public Safety Dispatcher Supervisor**  
*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 Dispatcher Supervisor must be submitted prior to this application.

**Public Safety Dispatcher Supervisor**

TPS Certificate + Advanced Certificate + completion of 80 hours of KLEC approved public safety dispatch leadership courses.

<b>College/Training Points</b> 15 classroom hours or 1 semester hour = 1 point	<b>Bachelor Degree</b>	<b>Assoc. Degree</b>	<b>25</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>5</b>
<b>Years of Full-time Supervisory Experience</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

SSN: \_\_\_\_\_ Name: \_\_\_\_\_ Last First MI Suffix DOB: \_\_\_\_\_

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 TPS Certified Dispatcher?** (only full-time may apply) Yes No

KAR Definition: **“responsible for the direct supervision of non-supervisory personnel.”**

Number of years served as a full-time dispatch supervisor with present agency: \_\_\_\_\_

Number of years served as a full-time dispatch supervisor with previous agency: \_\_\_\_\_

Name of Previous Agency: \_\_\_\_\_

**I have earned the required Advanced Dispatcher Certificate** Yes No

# Form 13 cont.

I have completed 80 hours of leadership courses.

80 hours of Public Dispatch Leadership Courses	Course Number	Course Year	Hours

## Educational History

College Degree Received:            BA            AA

**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.**

If you are submitting training points for a college degree, please indicate below.

			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

**Applicant Email:** \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**I attest that the applicant has been a full-time Public Dispatch Supervisor as defined by the KAR for the number of years stated on this document.**

\_\_\_\_\_  
Agency Head Signature

\_\_\_\_\_  
Date

For KLEC office use only

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date

APPROVED             NOT APPROVED, WHY \_\_\_\_\_