

Form 17**LE Officer Advanced Investigator**
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 Law Enforcement Officer Advanced Investigator must be submitted prior to this application. The CDP Investigator is required for this certificate.**

Law Enforcement Officer Advanced Investigator

POPS Certificate + LEO Investigator Certificate + 160 training hours of investigations courses identified by KLEC

TRAINING POINTS

College/Training Points 15 classroom hours or 1 semester of Full-time = 1 point	Master Degree	Bachelor Degree	Assoc. Degree	110	95	80	65	50
Years of Full-time Experience	4	6	8	8	9	10	11	12

SSN: _____ Name: _____ DOB: _____
Last First MI Suffix

Agency: _____ Employment Date: _____ Total Years of Full Time Law Enforcement Experience: _____

Current Rank or Title: _____ Promotion Date for Current Rank/Title: _____

Are you a Full-Time POPS Certified Officer? (only full-time may apply) Yes No

I have earned the required LEO Investigator Certificate Yes No

Investigative Courses (160 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Form 17 cont.

If additional space is needed for training courses, please attach extra pages. Attach any supporting documentation to this application. Training transcripts will be reviewed and verified by KLEC.

Educational History

College Degree Received: AA BA/BS MA/MS PHD

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

Agency Head Signature

Date

For KLEC office use only

Reviewed by

Date

APPROVED NOT APPROVED, WHY _____