

**Form 20****Crime Scene Technician**  
*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 Crime Scene Technician must be submitted prior to this application.**

**Crime Scene Technician**

POPS Certificate + completion of the Crime Scene Technician portion (200 hours) of the Kentucky Criminalistics Academy or any of the following courses to equal not less than 200 hours: Bloodstain Pattern Recognition, Forensic Mapping, CAD Zone, Fingerprint Pattern Recognition, Digital Photography, Advanced Latent Fingerprint, Crime Scene Investigation or KLEC approved equivalent.

**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: \_\_\_\_\_ Last First MI Suffix DOB: \_\_\_\_\_

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 completed the Crime Scene Technician portion (200 hours) of the KCA. Yes No **OR**

Crime Scene Technician Courses (200 hours)	COURSE NUMBER	COURSE YEAR	HOURS

# Form 20 cont.

## 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

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For KLEC office use only

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

\_\_\_\_\_  
Date

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