

**Form 21****School Resource Officer I**  
*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 School Resource Officer I must be submitted prior to this application.**

**School Resource Officer I**

POPS Certificate + School Resource Officer I Certificate + 160 hours of in-service training  
 60% (96 hours) must be in technical skill development  
 40% (64 hours) must be in human skill development

**TRAINING POINTS**

College/Training Points 15 classroom hours or 1 semester hour = 1 point	Bachelor Degree	Assoc. Degree	95	80	65	50	35
Years of Full-time Experience	2	4	4	5	6	7	8

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

**Technical Skill Development (96 hours)**

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

**Human Skill Development (64 hours)**

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

# Form 21 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:** \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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For KLEC office use only

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

\_\_\_\_\_  
Date

APPROVED

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