

Form 22**School Resource Officer II***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 II must be submitted prior to this application. **The CDP School Resource Officer I & II certificates are required for this certificate.**

School Resource Officer II

POPS Certificate + SRO I & II Certificates +160 hours of in-service training.
 40% (64 hours) must be in technical skill development
 40% (64 hours) must be in human skill development
 20% (32 hours) must be in conceptual skill development

TRAINING POINTS

College/Training Points 15 classroom hours or 1 semester hour = 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 earned the required SRO I and II Certificates Yes No

Technical Skill Development (64 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Human Skill Development (64 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Form 22 cont.

Conceptual Skill Development (32 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

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 _____