

# Form 28

## Sheriff 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 Sheriff Supervisor must be submitted prior to this application.

### Sheriff Supervisor

POPS Certificate + 160 hours of in-service training.  
 The 160 hours must include 40 hour course in technical skill development,  
 And 40 hour course in conceptual skill development and:

**Option A** 40 Hour Basic Supervisor's Course and 40 Hour Advanced Supervisor's Course  
*or* **Option B** Duties of the Sheriff's Office  
*or* **Option C** A KLEC approved equivalent

College/Training Points 15 classroom hours or 1 semester hour = 1 point	Master Degree	Bachelor Degree	Assoc. Degree	95	80	65	50
Years of Full-time Supervisory Experience	2	4	6	6	7	8	9

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

KAR Definition of Supervisor: **"responsible for the direct supervision of non-supervisory personnel."**

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

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

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

### Choose one option

- Option A (40 hour Basic Supervisor course and 40 hour Advanced Supervisor Course)
- Option B (Duties of the Sheriff's Office)
- Option C (KLEC approved equivalent)

(If Equivalent) NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

# Form 28 cont.

## Technical Skill Development (40 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

## Conceptual Skill Development (40 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.


Total number of training points earned

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

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

\_\_\_\_\_  
Date

**I attest that the applicant has been a full-time Law Enforcement 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 \_\_\_\_\_