


Form 29	Sheriff Manager <i>CAREER DEVELOPMENT PROGRAM</i>	
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 Manager must be submitted prior to this application.	

Sheriff Manager

POPS Certificate + CJED or 160 hours of Sheriff's Executive Command Course, or Strategic Leadership, or equivalent long management course, e.g., FBI NA, SPI AOC, Northwestern.

TRAINING POINTS

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 Management 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 Manager: **“a position between the executive and supervisor positions which is responsible for the supervision of supervisory personnel.”**

Number of years served as a full-time law enforcement manager with present agency: _____

Number of years served as a full-time law enforcement manager with previous agency: _____

Name of Previous Agency: _____

Management Course (CJED, 160 hours of Sheriff's Executive Command Course, or School of Strategic Leadership, FBI NA, SPI or Equivalent KLEC approved course)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Form 29 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

I attest that applicant has been a full-time Law Enforcement Manager 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 _____