

Form 4**Law Enforcement Officer Investigator***CAREER DEVELOPMENT PROGRAM*

MAIL: Kentucky Law Enforcement Council
 Attn: CDP
 2624 Research Park Drive
 Lexington, KY 40511

Phone: 859-622-6218

Email: KLECS@ky.gov

Web: <https://KLECS.ky.gov>

INSTRUCTIONS: **A Participant Commitment Form I registering you for Law Enforcement Officer Investigator must be submitted prior to this application.**

Law Enforcement Officer Investigator

POPS Certificate + 200 hours of in-service training.

The 200 hours must include:

80 hour Criminal Investigations I (formerly Basic Investigator Course) or

KLEC approved equivalent; and

120 training hours in investigative courses identified by the KLEC.

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

Criminal Investigation I

I have attended the 80 hour Criminal Investigation I course or KLEC equivalent Yes No

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

Investigative Courses (120 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Form 4 cont.

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 _____