Form 7 Law Enforcement Supervisor				Summer and				
Attn: CDP 2624 Researd Lexington, KY Phone: 859-	′ 40511 622-6218 s://KLECS.ky.gov	Drive registering you for Law 8 must be submitted prior to S.ky.gov S.ky.gov			w Enfo	rcemen	t Super	
		ficate + 16 clude 40 ho course in cc <i>f</i> <i>or</i>		n-service tr n technical	raining. skill dev ment and C A KLE		, ved	
College/Tra 15 classro	Supervisor's Course aining Points om hours or nour = 1 point	Master Degree	Bachelor Degree	Assoc. Degree	95	80	65	50
Years of Full-time So	pervisory Experience	2	4	6	6	7	8	9
SSN:	Name:				МІ	Suffix	DOE	3:
Agency:	Emp	ate:	Total Years of Full Time Law Enforcement Experience:					
Current Rank or Title	e:			ion Date fo Rank/Title				
Are you a Full-Tim KAR Definition of Supervisor:	e POPS Certified Offi "responsible for th				pervisor		es onnel."	No

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 Superviso	r Course)		
Option B (Academy of Police Supervision)				
Option C (KLEC approved equivalent)				
(If Equivalent) NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS	
(If Equivalent) NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS	

Form 7 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	Date		
For KLEC office use only				
Reviewed by	Date			
APPROVED				