



KENTUCKY LAW ENFORCEMENT COUNCIL

APPLICATION FOR INSTRUCTOR CERTIFICATION

2624 Research Park Drive

Lexington, KY 40511

PHONE: 859-622-6218

EMAIL: KLECS@ky.gov

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

KENTUCKY LAW ENFORCEMENT COUNCIL

INSTRUCTIONS:

- This application must be typed.
- Education and training must be documented with copies of transcripts, diplomas, certificates or other verifying documents. Please attach.
- This application form, upon completion by the applicant, must be forwarded through appropriate channels to the Executive Director of the Kentucky Law Enforcement Council.
- The applicant must appear before the Certification Committee to answer questions regarding this application.

APPLICATION INFORMATION REQUIRED

Attach the following:

- Copy of current training transcript(s)
- Letter of Recommendation from Training Director or Chief
- Copy of current resume
- Copy of training certificate(s) not listed on your training transcript
- Copy of current CPR/First Aid Card (Required for all Skills Certification Areas)
- Copy of KLEC LEN Instructor Development Course Certificate: Date Completed: _____

APPLICANT INFORMATION

Applicant's Last Name	First Name	Middle Name	Title/Rank
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Agency Name	Address	City/Zip Code
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Work Phone	Social Security Number	Date of Birth
		Full Time Part-Time

Email Address	Cell Phone	Full/Part-time Instructor
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High School	Dates Attended	Type of Degree/Hours
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College	Dates Attended	Type of Degree/Hours
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Advanced Degree	Dates Attended	Type of Degree/Hours
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EMPLOYMENT HISTORY

Begin with current employment and include all police and military job history. Duplicate this sheet as necessary.

From: _____ To: _____ Total: _____
Month Year Month Year Year(s)

Name of Employer Rank

From: _____ To: _____ Total: _____
Month Year Month Year Year(s)

Name of Employer Rank

From: _____ To: _____ Total: _____
Month Year Month Year Year(s)

Name of Employer Rank

From: _____ To: _____ Total: _____
Month Year Month Year Year(s)

Name of Employer Rank

From: _____ To: _____ Total: _____
Month Year Month Year Year(s)

Name of Employer Rank

From: _____ To: _____ Total: _____
Month Year Month Year Year(s)

Name of Employer Rank

REQUESTING CERTIFICATION

I am requesting certification in the following instructional topic/sub-topic areas:

1 Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

2 Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

3 Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

I am requesting certification in the following instructional topic/sub-topic areas:

4 Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

5 Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

***** Topic Area: _____ Sub-topic Area: _____

Training that qualifies me to instruct in this area (list all courses taken to support this area):

Years of Experience in this field: _____

Additional Information: _____

ENDORSEMENT

The undersigned hereby certifies that the above applicant for an instructor's certificate is employed by a lawfully organized police agency, must be endorsed by the head of that agency as precondition of that certification.

The undersigned reviewed this application and the subject areas in which instructor certification is being requested, as well as the qualifications of the applicant and believes that this instructor/applicant is qualified and capable of instructing in all the subject areas in which certification is sought, as supported by signature of the undersigned. The undersigned recommends that the certificate request be awarded. To the best of the undersigned's knowledge and belief the applicant is of good moral character and expresses a sincere interest in, and desires to excel in law enforcement instruction.

Training Academy Director

Date

APPLICANT'S OATH

As an applicant for instructor certification, I understand my application for instructor will be reviewed by the Kentucky Law Enforcement Council who has the power to certify law enforcement instructors under Chapter 15 of the Kentucky Revised Statutes. Should I violate any rules, regulations, administrative laws of the Commonwealth, my certification can be revoked, or the Council can refuse to re-certify me.

Applicant's Signature

Date