

## Kentucky Law Enforcement Council

2624 Research Park Drive  
Lexington, KY 40511

**Phone:** 859-622-6218  
**Email:** KLECS@ky.gov  
**Web:** https://KLECS.ky.gov



### Request for Additional Certification

#### Personal Information

Full Name:	Social Security Number:
Date of Birth:	Rank:

#### Academy Information \*\*\*

Agency Name:	Agency Address:
City/State/Zip:	Email:
Work Phone:	Cell Phone:

**\*\*\* If Not Working for an Academy, Use Law Enforcement Agency Information**

#### Additional Certification Requested in the Following Area(s):

Topic Area: \_\_\_\_\_ Sub-topic Area: \_\_\_\_\_

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

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Years of Experience in this field: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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Topic Area: \_\_\_\_\_ Sub-topic Area: \_\_\_\_\_

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

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Years of Experience in this field: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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Topic Area: \_\_\_\_\_ Sub-topic Area: \_\_\_\_\_

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

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Years of Experience in this field: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**Documentation:**

The following items must be attached to support the request for additional certification.

**(Check when attached)**

Certificate/Diploma/Transcript

Course Curriculum/Schedule

Recommendation from Chief/Training Director

First Aid/CPR (Required for all Skills Areas)

**CPR/First Aid Certification required for all Skills Areas**

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**Endorsement:**

**ENDORSEMENT BY APPROVED TRAINING ACADEMY DIRECTOR**

Each request must be signed by the Director of an approved KLEC Training Academy. I hereby certify the above named individual has met all requirements to make application for Additional Certification.

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TRAINING ACADEMY DIRECTOR'S SIGNATURE

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DATE