

Form 68-1*Form Must Be Typed***Kentucky Law Enforcement Council***APPLICATION FOR TRAINING CREDIT*

Mail: Kentucky Law Enforcement Council
 2624 Research Park Drive
 Lexington, KY 40511
Phone: 859-622-6218
Email: KLECS@ky.gov
Web: https://KLECS.ky.gov

INSTRUCTIONS: This form must be completed and returned to the office for a student to receive training credit for KLEC approved courses. A signature of the instructor or a copy of a certificate of completion is required.

 NAME OF AGENCY CONDUCTING THIS COURSE

KLEC APPROVED #: _____ COURSE TITLE: _____

CLASS LOCATION: _____ CLASS DATE: _____ Class Hours: _____

SSN #	NAME OF TRAINEE	DEPARTMENT	GRADE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____

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<u>SSN #</u>	<u>NAME OF TRAINEE</u>	<u>DEPARTMENT</u>	<u>GRADE</u>
21.			
22.			
23.			
24.			
25.			
26.			
27.			
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40.			

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	<u>SSN #</u>	<u>NAME OF TRAINEE</u>	<u>DEPARTMENT</u>	<u>GRADE</u>
41.	_____	_____	_____	_____
42.	_____	_____	_____	_____
43.	_____	_____	_____	_____
44.	_____	_____	_____	_____
45.	_____	_____	_____	_____
46.	_____	_____	_____	_____
47.	_____	_____	_____	_____
48.	_____	_____	_____	_____
49.	_____	_____	_____	_____
50.	_____	_____	_____	_____
51.	_____	_____	_____	_____
52.	_____	_____	_____	_____
53.	_____	_____	_____	_____
54.	_____	_____	_____	_____
55.	_____	_____	_____	_____

I certify that the above named student(s) successfully completed the above named KLEC approved training course.

INSTRUCTOR: _____ DATE: _____

KLEC EXECUTIVE DIRECTOR:

The above named course is approved by the Kentucky Law Enforcement Council for training credit.

 KLEC EXECUTIVE DIRECTOR

 DATE