

Form 68-1

Kentucky Law Enforcement Council

APPLICATION FOR TRAINING CREDIT



Mail: Kentucky Law Enforcement Council
2624 Research Park Drive
Lexington, KY 40511
Phone: 859-622-6218
Web: <https://KLECS.ky.gov>
Email: 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 NO. _____

COURSE TITLE: _____

CLASS LOCATION: _____

CLASS DATE: _____

CLASS HOURS: _____

	<u>SOC. SEC. #</u>	<u>NAME OF TRAINEE</u>	<u>DEPARTMENT</u>	<u>GRADE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

I certify that the above named student(s) successfully completed the above named 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