

KENTUCKY LAW ENFORCEMENT COUNCIL

APPLICATION FOR INSTRUCTOR CERTIFICATION

FUNDERBURK BUILDING, 4449 Kit Carson Drive

RICHMOND, KENTUCKY 40475-3102

PHONE: (859) 622-6218

FAX: (859) 622-5943

EMAIL: KLECS@ky.gov

WEB: https://KLECS.ky.gov

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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)

| Applicant's Last Name | First Name | Middle Name | Title/F | Rank |
|--------------------------------|----------------|-------------|----------------------|-------------|
| Agency Name | | Address | City/ | Zip Code |
| Work Phone | Social Secu | rity Number | Date of Birth | 1 |
| | | | Full Time | Part-Tim |
| Email Address | | Cell Phone | Full/Part-tim | e Instructo |
| High School | Dates Attended | | Type of Degree/Hours | |
| College Dates Attended | | Type of D | egree/Hou | |
| Advanced Degree Dates Attended | | s Attended | Type of Degree/Hours | |

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 En | nployer | | | Rank | |
| From: | | | То: | | | Total: |
| <u> </u> | Month | Year | 10. | Month | Year | Year(s) |
| | Name of En | nployer | | | Rank | |
| From: | | | To: | | | Total: |
| | Month | Year | | Month | Year | Year(s) |
| | Name of En | nployer | | | Rank | |
| From: | | | To: | | | Total: |
| | Month | Year | | Month | Year | Year(s) |
| | Name of En | nployer | | | Rank | |
| From: | | | <u>To:</u> | | | <u>Total:</u> |
| | Month | Year | | Month | Year | Year(s) |
| | Name of En | nployer | | | Rank | |
| From: | | | To: | | | Total: |
| | Month | Year | | Month | Year | Year(s) |
| | Name of En | nployer | | | Rank | |

REQUESTING CERTIFICATION

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