

# Kentucky Law Enforcement Council

2624 Research Park Drive  
Lexington, KY 40511

**Phone:** (859) 622-6218  
**Email:** KLECS@ky.gov  
**Web:** <https://klecs.ky.gov>



## Instructor Continued Certification

### INSTRUCTOR INFORMATION

#### 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**

Full Time Instructor\*

Part Time Instructor

\*Assigned full time to a training academy

#### Certification Checklist – Attach Official Documentation

Course Information \_\_\_\_\_  
Monitor Evaluation Report \_\_\_\_\_  
Training Transcripts \_\_\_\_\_  
Training Certificates (Courses Not Listed on Transcript) \_\_\_\_\_  
CPR/First Aid Certification (required for all Skills areas) \_\_\_\_\_

## Course Information

Pursuant to 503 KAR 1:100, Section 8, indicate certified course(s) you instructed during the last certification period. (Documentation of 5 hours taught required. If more than one course taught to meet this requirement is needed, duplicate this sheet as necessary.)

Class Title:

Curriculum/Course Name & #:

Certification Topic Area:

Certification Sub-topic Area:

Academy:

Date of Class:

Total # Hours Taught:

Total Course Hours:

Class Title:

Curriculum/Course Name & #:

Certification Topic Area:

Certification Sub-topic Area:

Academy:

Date of Class:

Total # Hours Taught:

Total Course Hours:

## Endorsement

I understand that receiving continued certification is predicated upon instructing a minimum of five hours within a five-year period from the date of approval of this request from the Kentucky Law Enforcement Council. I further understand that it is my responsibility to contact the approved KLEC training academy director to schedule my class(es).

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

### ENDORSEMENT BY APPROVED TRAINING ACADEMY DIRECTOR

I hereby certify I have reviewed this request for continued certification and the information provided above is correct and accurate to the best of my knowledge.

\_\_\_\_\_  
TRAINING ACADEMY DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE

KLEC Staff Only:

REVIEWED BY:	Title:
COMMENTS:	
DATE SIGNED:	