**Form 13** 

## **Public Safety Dispatcher Supervisor**

CAREER DEVELOPMENT PROGRAM



MAIL: Kentucky Law Enforcement Council Funderburk Building Attn: CDP

4449 Kit Carson Drive Richmond, KY 40475

**Phone:** 859-622-6218 **Fax:** 859-622-5943 **Web:** https://klecs.ky.gov **Email:** KLECS@ky.gov

**INSTRUCTIONS:** A Participant Commitment Form I registering you for Dispatcher Supervisor must be submitted prior to this application.

Public Safety Dispatcher Supervisor

TPS Certificate + Advanced Certificate + completion of 80 hours of KLEC

College/Training Points 15 classroom hours or 1 semester hour = 1 point		Bachelor Degree	Assoc. Degree	25	ourses.	15	10	5
•	ars of Full-time Supervisory Experience		3	3	4	5	6	7
					1	1		
SSN: Name:	Last		First		MI	Suffix	_ DOB	:
Agency:		loyment Date:			Total \	otal Years of Full Time elecommunications xperience:		
Current Rank or Title:				on Date fo Rank/Title				
Are you a Full-Time TPS Certific	ed Dispa	tcher? (only f	ull-time m	nay apply)			Yes	1
KAR Definition: "responsible "Number of years served as a full-t		•		·		ersonne	el."	
Number of years served as a full-t	ime disp	atch superviso	or with pre	evious age	ency:			

## Form 13 cont.

I have completed 80 hours of leadership courses.

80 hours of Public Dispatch Leadership Course	es Course Number	Course Year	Hours
Educational History			
College Degree Received: BA AA			
All college educational hours must be supported by a cattached to this application. Please do not send original	opy of your official transcri als. Items will not be return	pt, which must bed.	ре
If you are submitting training points for a college degree, ple	ease indicate below.		
Record total number of training point	s earned from training transc	rint (see transcrin	t)
<u> </u>	C	ipt (ood transcrip	-/
+ Record total number of college seme	ester nours earned		
Total number of training points earne	ed		
Participant Signature	Date		
I attest that the applicant has been a full-time Public Dis number of years stated on this document.	spatch Supervisor as define	d by the KAR fo	r the
number of years stated on this document.			
Agency Head Signature	Date		
For KLEC office use only			
Reviewed by	Date		
-			
□ APPROVED □ NOT APPROVED, WHY			