## **Form 14**

# **Public Safety Dispatcher Manager/Director**



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 Manager/Director must be submitted prior to this application. The CDP Dispatcher Supervisor certificate is required for this certificate.

## **Public Safety Dispatcher Manager/Director**

TPS Certificates + Supervisor Certificate + Completion of 80 hours of KLEC approved public safety dispatch leadership courses.

#### TRAINING POINTS

College/Training Points 15 classroom hours or 1 semester hour = 1 point	Bachelor Degree	Associates Degree	25	20	15	10	5
Years of Full-time Manager/Director							
Experience	2	3	3	4	5	6	7

SSN:	Name:	Look	First	A 41	Cuffix	DOB:	
Agency:		Employment Date:	First	Total Years of Full Time Telecommunications Experience:			
Current Rank or Title: _				tion Date t Rank/Ti			
Are you a Full-Time TPS Certified Dispatcher? (only full-time may apply)  Yes  No							
KAR Definition:  "a position between the executive and supervisor positions which is responsible for the supervision of supervisory personnel."							
Number of years served as a full-time dispatch manager with present agency:							
Number of years served as a full-time dispatch manager with previous agency:							
Name of Previous Agency:							

# Form 14 cont.

I have earned the required Dispatcher Supervisor Certificate Yes No

## Please verify the following:

I have completed 80 hours of KLEC approved Public Safety Dispatch leadership courses.

	80 hours of Public Safety Dispatch Leadership Courses	Course Number	Course Year	Hours
Ed	lucational History  AA BA/BS			
Со	illege Degree Received:			
att	college educational hours must be supported by a copy of your official ached to this application. Please do not send originals. Items will not you are submitting training points for a college degree, please indicate below  Record total number of training points earned from train  Record total number of college semester hours earned  Total number of training points earned	be returned.		
Por	rticipant Signature Date			
l att	est that the applicant has been a full-time Public Dispatch Manager as obser of years stated on this document.	defined by the M	AR for the	
Age	ncy Head Signature Date			
Fo	r KLEC office use only			
Revi	lewed by Date			
□ A	APPROVED NOT APPROVED, WHY			