Form 16

Law Enforcement Training Officer

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 Law Enforcement Training Officer must be submitted prior to this application. The CDP Intermediate and Advanced Law Enforcement Officer certificate is required for this certificate.

Law Enforcement Training Officer

POPS Certificate + Intermediate and Advanced Certificate + 120 hours of required courses:

Police Training Officer
Field Instructor
Crisis Intervention Team Training or
LE Response to Special Needs Persons or
KLEC approved equivalent

TRAINING POINTS

College/Training Points 15 classroom hours or 1 semester hour = 1 point	Master Degree	Bachelor Degree	Assoc. Degree	110	95	80	65	50
Years of Full-time Experience	4	6	8	8	9	10	11	12

SSN:	Name:	ame:			DOB:			
		Last	First	MI	Suffix			
Agency:		_ Employment Date:			Years of F cement Ex	ull Time Law perience:		
Current Rank or	Title:		Promotion Date Current Rank/Ti					
Are you a Full-1	Time POPS Certific	ed Officer? (only full-	time may apply)		Yes	No		
I have earned the	required Intermedi	ate and Advanced LE	O Certificates	Yes	No			
I have completed	the following requir	ed courses:						
Field Cris LE F	ice Training Officer d Instructor sis Intervention Trai Response to Specia EC Equivalent	ning or al Needs Persons or						

(If Equivalent) NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Form 16 cont.

If additional space is needed for training courses, please attach extra pages. Attach any supporting documentation to this application. Training transcripts will be reviewed and verified by KLEC.

Educational History								
College Degree Received:	AA BA/	BS i	MA/MS	PHD				
All college educational hours mustached to this application. Plea								
If you are submitting training points for a college degree, please indicate below.								
Record total number of training points earned from training transcript (see transcript)								
+ Record total number of college semester hours earned								
Total number of training points earned								
Participant Signature			Date					
Agency Head Signature			Date					
For KLEC office use only								
Reviewed by			Date					
☐ APPROVED ☐ NOT A	PPROVED, WH	Υ						