Form 21			SOURCE Officer I ELOPMENT PROGRAM				Į	
 MAIL: Kentucky Law Enforcement Council Funderburk Building Attn: CDP 4449 Kit Carson Drive, Suite 401 Richmond, KY 40475 Phone: 859-622-6218 Fax: 859-622-5943 Email: KLECS@ky.gov Web: https://klecs.ky.gov 				hool Res	ource	Officer I		
POP	5 Certificate + School F 60% (96 hour	rs) must be in	er I Certificat technical ski	e + 160 ho Il developn	nent	ervice	training	
	40% (64 hou	ırs) must be in	ı human skill	developme	ent TRAININ	g poii	NTS	
15 classroom hours or		Bachelor Degree	Assoc. Degree	95	80	65	50	35
Years of Full-time Experience		2	4	4	5	6	7	8
SSN:	Name:					DC)B:	
	Last		First	МІ	Suffix		· - ·	
Agency:	Emplo	oyment Date:	Total Years of F ment Date: Enforcement Ex					
Current Rank or Title	·		Promotion D Current Ranl					
Are you a Full-Time	POPS Certified Office	er? (only full-tir	me may app	ly)	Yes	Ν	0	

Technical Skill Development (96 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Human Skill Development (64 hours)

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

Form 21 cont.

Educational History

College Degree Received:	AA	BA/BS	MA/MS	PHD
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All college educational hours must be supported by a copy of your official transcript, which must be attached to this application. Please do not send originals. Items will not be returned.

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 APPROVED, WHY			