Form 23

School Resource Officer III



CAREER DEVELOPMENT PROGRAM

Kentucky Law Enforcement Council MAIL:

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

College/Training Points

INSTRUCTIONS: A Participant Commitment Form I registering you for School Resource Officer III must be submitted prior to this application. The CDP School Resource Officer I, II & III certificates required for this certificate.

School Resource Officer III

Master

POPS Certificate + SRO I, II & III Certificates +160 hours of in-service training. 40% (64 hours) must be in technical skill development 40% (64 hours) must be in human skill development 20% (32 hours) must be in conceptual skill development

Bachelor

Assoc.

110

TRAINING POINTS

95

15 classroom hours or 1 semester hour = 1 poin	t	Degree	Degree	Degree	110	95	80	65	50	
Years of Full-time Experien	ice	4	6	8	8	9	10	11	12	!
SSN: Name	:						DOB	: 		
	Last		First		MI	Suffix				
Agency:	Emp	loyment Da	ate:			Total Years of Full Time Law Enforcement Experience:				
Current Rank or Title:				ion Date for Rank/Title						
Are you a Full-Time POPS Co	ertified Off	icer? (only	full-time ma	ay apply)		Υ	es	No		
I have earned the required SRO	I,II & III Ce	ertificates.	Yes	No		·				
Technical Skill Development (64 hours)									
NAME OF CO	URSE		COU	RSE NUMB	ER	COURSE YEAR HOURS		URS	1	
Human Skill Development (64 h	nours)									_
NAME OF CO			COU	RSE NUMB	ER	COURS	E YEAR	НО	URS	1
										1
										1
			_				_			-1

Form 23 cont.

Conceptual Skill Development (32 hours)

NAME OF COURSE	COURSE	COURSE HOURS			COURSE COURSE HOU	
	NUMBER	YEAR				
If additional space is needed for training courses, please attach e to this application. Training transcripts will be reviewed and verifi		n any supporti	ng documentation			
Educational History						
College Degree Received: AA BA/BS MA/	MS PHD					
All college educational hours must be supported by a copy of attached to this application. Please do not send originals. It			h must be			
If you are submitting training points for a college degree, please in	ndicate below.					
Record total number of training points earn	ned from training tr	anscript (see	transcript)			
+ Record total number of college semester h	nours earned					
Total number of training points earned						
Participant Signature Dat	e					
Agency Head Signature Dat	е					
For KLEC office use only						
TOT NEED OTHER USE OTHY						
Reviewed by Date)					
☐ APPROVED ☐ NOT APPROVED, WHY						