Form 28	Sheriff Supervisor Career Development Program					Comments of the second se			
MAIL:Kentucky Law Enforcement Council Funderburk Building Attn: CDP 4449 Kit Carson Drive Richmond, KY 40475INSTRUCTIONS: A Participant Commitment Form 									
Sheriff Supervisor   POPS Certificate + 160 hours of in-service training.   The 160 hours must include 40 hour course in technical skill development, And 40 hour course in conceptual skill development and:   Option A   Option A Option B   Option A Option B   40 Hour Basic Supervisor's Duties of   A KLEC approved Course and   A Hour Advanced Sheriff's Office   Supervisor's Course Office									
College/Trai 15 classroo 1 semester ho	m hours or	Master Degree	Bachelor Degree	Assoc. Degree	95	80	65	50	
Years of Full-time Sup	ars of Full-time Supervisory Experience 2 4 6 6 7					8	9		

SSN:	Name:			D	OB:
	Last	First	MI	Suffix	
Agency:	Employment Date:			I Years of Full T rcement Experi	
Current Rank or Title:		Promotion I Current Rar			
•	PPS Certified Officer? (only full- esponsible for the direct supe		• ·	Yes ory personnel.	No "
Number of years served	as a full-time law enforcement s	upervisor wit	h present ag	jency:	
Number of years served	as a full-time law enforcement s	upervisor wit	h previous a	gency:	
Name of Previous Agend	cy:				
Choose one option					
	asic Supervisor course and 40 h	our Advance	d Superviso	r Course)	
Option B (Duties of					
Option C (KLEC ap	proved equivalent)				

## Form 28 cont.

### **Technical Skill Development (40 hours)**

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

### **Conceptual Skill Development (40 hours)**

NAME OF COURSE	COURSE NUMBER	COURSE YEAR	HOURS

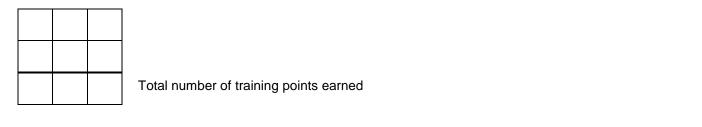
If additional space is needed for training courses, please attach extra pages. Attach any supporting documentation to this application. Training transcripts will be reviewed and verified by KLEC.

#### **Educational History**

College Degree Received:	AA	BA/BS	MA/MS	PHD

# 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.



**Participant Signature** 

Date

I attest that the applicant has been a full-time Law Enforcement Supervisor as defined by the KAR for the number of years stated on this document.

Agency H	Head Signature	Date	Date		
For KLE	C office use only				
Reviewe	ed by	Date			
	APPROVED	NOT APPROVED, WHY			