

Form 7**Law Enforcement Supervisor***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 Supervisor must be submitted prior to this application.**

Law Enforcement 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 40 Hour Basic Supervisor's Course and 40 Hour Advanced Supervisor's Course *or* **Option B** Academy of Police Supervision *or* **Option C** A KLEC approved equivalent

College/Training Points 15 classroom hours or 1 semester hour = 1 point	Master Degree	Bachelor Degree	Assoc. Degree	95	80	65	50
Years of Full-time Supervisory Experience	2	4	6	6	7	8	9

SSN: _____ Name: _____ Last First MI Suffix DOB: _____

Agency: _____ Employment Date: _____ Total Years of Full Time Law Enforcement Experience: _____

Current Rank or Title: _____ Promotion Date for Current Rank/Title: _____

Are you a Full-Time POPS Certified Officer? (only full-time may apply) Yes No

KAR Definition of Supervisor: **"responsible for the direct supervision of non-supervisory personnel."**

Number of years served as a full-time law enforcement supervisor with present agency: _____

Number of years served as a full-time law enforcement supervisor with previous agency: _____

Name of Previous Agency: _____

Choose one option

- Option A (40 hour Basic Supervisor course and 40 hour Advanced Supervisor Course)
- Option B (Academy of Police Supervision)
- Option C (KLEC approved equivalent)

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

Form 7 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.

Total number of training points earned

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 Head Signature

Date

For KLEC office use only

Reviewed by

Date

APPROVED

NOT APPROVED, WHY _____