

COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

APPLICATION FOR INTERMEDIATE OR ADVANCED LAW ENFORCEMENT CERTIFICATION

INSTRUCTIONS: Please read the document "Law Enforcement Professionals Certification Program" prior to completing this application. Please type or print legibly with black ink.

APPLICATION FOR: Intermediate Advanced

Name as to appear on certificate CLEET # Date of Birth

Employing Agency

Agency Address City Zip Code

Title or Rank held Direct Phone # Email Address

LAW ENFORCEMENT EXPERIENCE - List only paid, full-time, sworn employment.

AGENCY	EMPLOYED FROM-TO	YEARS OF SERVICE YEARS-MONTHS	CLEET USE ONLY
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
TOTAL YEARS OF SERVICE _____			

FORMAL EDUCATION - Attach photocopies of transcripts or certificates to support all formal education hours claimed.

COLLEGE OR UNIVERSITY	DEGREE/MAJOR	HOURS	POINTS CLAIMED	CLEET USE ONLY
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
TOTAL EDUCATION POINTS _____				

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**You may request, in writing, one copy of your CLEET training record.
Attach documentation to support all training hours claimed.**

COURSE	HOURS	POINTS CLAIMED	CLEET USE ONLY
BASIC ACADEMY	_____	_____	
CLEET TRAINING RECORD	_____	_____	
IN-SERVICE OR OTHER	_____	_____	
TOTAL TRAINING POINTS		_____	

TOTAL POINTS CLAIMED _____
(Include education and training points)

ATTEST

I attest that I have read and subscribe to the Law Enforcement Code of Ethics. I further attest that all information completed by me in this application is true and correct to the best of my knowledge and belief. I understand that if my application contains any falsification, alteration, or intentional omission of any facts, circumstances, or information which would result in denial of the certification, such falsifications, alterations, or intentional omissions may, in and of themselves, be grounds for rendering the application invalid and it may result in the revocation of any and all certifications issued under the authority of the same.

Signature of Applicant

Subscribed and sworn before me this _____ day of _____, 2_____

Commission Expires-Commission Number

Notary Public

ATTEST AND RECOMMENDATION OF AGENCY ADMINISTRATOR

I certify that, to the best of my knowledge, the above applicant meets all requirements for certification as requested. I further certify that the applicant is of good moral character and worthy of the certification. I base my opinion upon personal knowledge or inquiry and the official personnel and training records of this agency. These records are true and correct to the best of my knowledge and belief. I understand that if this application contains any falsification, alterations, or intentional omissions of any facts, circumstances, or information which would result in denial of the certification, such falsifications, alterations, or intentional omissions may, in and of themselves, render this application invalid and/or result in the revocation of any and all certifications issued under the authority of the same.

Signature of Administrator

Subscribed and sworn before me this _____ day of _____, 2_____

Commission Expires-Commission Number

Notary Public

**Please return this form to: COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
2401 Egypt Road, Ada, Oklahoma 74820-0669**

CLEET USE ONLY

Reviewed by: _____ Date: _____ Type Certificate Approved: _____