

The University of Kansas
Kansas Law Enforcement Training Center
.....a unit of Continuing Education and University Outreach

APPLICATION FOR CERTIFICATION OF COURSE
(Submit at least 30 days prior to start of classes)

Course Director or Coordinator: _____ Rank: _____
Sponsoring Agency: _____
Agency Address: _____
City: _____ State: _____ Zip: _____
Agency Telephone: _____ Agency FAX: _____

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Type of Course: _____ Full-Time Officers' Basic Law Enforcement Course
_____ Part-Time Officers' Basic Law Enforcement Course
_____ Other: Please specify: _____
Total Hours of Course: _____ Course Dates: _____
Location of Classroom: _____
Are there Reserve Officers scheduled to attend this course? _____ Yes If Yes, number to attend: _____
_____ No _____

Actual number of applicants that require certification under K.S.A. 74-5607(a): _____
Total Expected Enrollment: _____
Have announcements been sent inviting officers from surrounding areas? _____ Yes
If Yes, attach a separate typed list of agencies invited to attend. _____ No

- Attach to this application:
1. An outline and course description of subject material being offered;
 2. Instructor's Application for Certification, if applicable (KLETC Form 302);
 3. Schedule listing dates, times, course titles and instructors; and
 4. List of all visual or audio training aids to be used.

As Course Director or Coordinator, I acknowledge that I have read the rules and regulations governing the administration of courses certified by the Kansas Law Enforcement Training Center, Hutchinson, Kansas, and I agree to abide by those rules and regulations.

Signature of Course Director or Coordinator _____ *Date*

Signature of Agency Head _____ *Date*

Agency Name Return to: Kansas Law Enforcement Training Center
P. O. Box 647
Hutchinson, KS 67504-0647