

KENTUCKY JUSTICE & PUBLIC SAFETY CABINET  
DEPARTMENT OF CRIMINAL JUSTICE TRAINING  
**APPLICATION FOR IN-SERVICE TRAINING CREDIT  
FOR COLLEGE COURSES**

(Please attach Certified Copy of Grade Transcript to this application)

_____		_____	
Name of Applicant		Social Security No.	
_____		_____	
Applicant's Agency		Date of Birth	
_____		_____	
Date of Course	Name of Course	Course Number	Date of Final Exam
_____		_____	
Final Grade	Credit Hours	Course Instructor	

\_\_\_\_\_

College or University where Course was taken

\_\_\_\_\_

Address

_____	_____	_____
City	State	Zip Code

I certify that I successfully completed the above listed college course and apply for \_\_\_\_\_ hours of In-Service Training Credit for the year \_\_\_\_\_.

_____	_____
Applicant's Signature	Date

As head of the agency employing the above named applicant, I have reviewed this application for In-Service Training Credit for college courses completed in accordance with 503 KAR 1:120 and the applicant's transcript for the coursework listed above. By signing this form, I acknowledge that this agency is in support of this application for In-Service Training Credit.

_____	_____
Agency Head's Signature	Date

The above named course is approved by the Kentucky Law Enforcement Council for In-Service Training Credit.

_____	_____
KLEC Executive Director	Date