

DOJCT

DEPARTMENT OF
CRIMINAL JUSTICE TRAINING

Steven L. Beshear / Governor
J. Michael Brown / Secretary
John W. Bizzack, Ph.D. / Commissioner

December 1, 2015

Defensive Tactics Coordinator Course Applicant

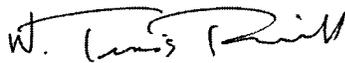
Thank you for applying to attend the Defensive Tactics Coordinator Course on March 28 – April 1, 2016. Due to the high demand to receive this training the Physical Training Section has implemented a selection process for the course. The enclosed form will need to be completed and returned by January 15, 2016 in order to further assess your suitability to attend this course.

Please return the enclosed form, **along with a letter of recommendation from your Chief or Sheriff**, by email or mail to:

travis.tennill@ky.gov
Travis Tennill
Funderburk Building
521 Lancaster Avenue
Richmond, KY 40475
859-622-8425

You will be notified no later than February 10, 2016 if you have been approved for this class. If you have any further questions please feel free to contact Mr. Travis Tennill. Again, thank you for your interest in attending this training.

Sincerely,



W. Travis Tennill
Physical Training Section Supervisor



Funderburk Building
521 Lancaster Avenue • Richmond, KY 40475-3102
(859) 622-1328 • <https://docjt.ky.gov>
An Equal Opportunity Employer M/F/D





DEFENSIVE TACTICS COORDINATOR TRAINING APPLICATION

NAME: _____ Phone number: _____

AGENCY: _____ Phone number: _____

Number of officers with the agency: _____

Does your agency currently have a DT Coordinator? Yes/No If yes, how many _____

Will you be replacing a coordinator, increasing number of coordinators or establishing a defensive tactics coordinator program at your agency? _____

Please describe you agency's annual defensive tactics training: (attach additional pages if needed) _____

Applicant Background

Years in Law Enforcement: _____ Years with current agency: _____

Military Service: Yes/No Branch of Service: _____ MOS: _____

Law Enforcement Training (please list defensive tactics training)

Name: _____ Date: _____ Hours: _____

Name: _____ Date: _____ Hours: _____

Name: _____ Date: _____ Hours: _____

Applicant Readiness

I certify that I do not have any medical issues that will prevent my full participation in the Defensive Tactics Coordinator Class. I understand that I will be instructed to demonstrate numerous physically demanding events such as standing, kneeling, prone, striking, kicking, handcuffing, baton use, ground fighting, weapon retention/takeaways, edged weapon defense without assistance.

Applicant Signature: _____ Date: _____

Executive Statement of Commitment

I understand my nomination of this individual to attend the Defensive Tactics Coordinator Course includes a commitment that the applicant will coordinate annual defensive tactics training at the agency upon successful completion of the course.

Name and Title: _____ Email address: _____

Chief Executive's Signature: _____ Date: _____