Georgia Peace Officer Standards & Training Council

Application for Intermediate Certification

Personal Data (Please type or print legibly.)	
Last Name	Suffix (Jr, Sr, II, III, etc.)
First Name	
Middle Name	
SS#	Date of Birth
RACE	SEX/GENDER
Street	Apt #
City	State
Zip Code	PHONE# *(AREA CODE) – NUMBER*
EMAIL ADDRESS	

Agency Information
Name of Current Employing Law Enforcement Agency:
Date Employed as a Peace Officer with your present agency (mm/dd/yyyy):
Current Rank/Title with your present agency:
Date Promoted to Present Rank or Title with your present agency (mm/dd/yyyy):

Law Enforcement Employment History **List all previous law enforcement employment as a full–time paid peace officer.**	
Name of Agency:	
Highest Rank or Title with the Agency:	
Dates of Employment: Employed From (mm/yyyy):	Employed To (mm/yyyy):
Name of Agency:	
Highest Rank or Title with the Agency:	
Dates of Employment: Employed From (mm/yyyy):	Employed To (mm/yyyy):

College Credit

An official copy of your transcript must be attached to this application. ***Transcript must be sent in the original, unopened envelope, provided by an accredited school.*** Use web site www.chea.org to check accreditation.

List Names of College or University Attended Below:	
College/University:	
Attended From (mm/yyyy):	To (mm/yyyy):
Semester Units Completed:	If on Quarters - Quarter Units Completed:
Degree Received:	
College Major:	
College/University:	
Attended From (mm/yyyy):	To (mm/yyyy):
Semester Units Completed:	If on Quarters - Quarter Units Completed:
Degree Received:	
College Major:	
College/University:	
Attended From (mm/yyyy):	To (mm/yyyy):
Semester Units Completed:	If on Quarters - Quarter Units Completed:
Degree Received:	
College Major:	

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Training

Attach copies of diplomas or certificates of completion for the **INTERMEDIATE CERTIFICATION** course(s)**.**
DO NOT SEND ORIGINALS. Highlighted POST Training Profile may be sent in lieu of certificates.

Course completion documentation for the following required courses **MUST BE ATTACHED**:

Required Course:

☐ Criminal Procedures (CAA01G) (40 Hours)
Date Course was completed:
Sponsor of the Course:

Required (one of the following two courses):

☐ Health & Wellness Awareness(CAB01G) (22 Hours)
Date Course was completed:
Sponsor of the Course:

Or

☐ Health & Wellness Awareness Instructor (40 Hours)
Date Course was completed:
Sponsor of the Course:

Required (one of the following two courses)**:**

☐ Interpersonal Relations/Crisis Intervention (CAC01G) (8 Hours)
Date Course was completed:
Sponsor of the Course:

Or

☐ Verbal Judo (minimum 16 Hours)
Date Course was completed:
Sponsor of the Course:

Required (one of the following three courses):

☐ First Responder (CAD01E) (40 Hours)
Date Course was completed:
Sponsor of the Course:

Or

☐ Emergency Medical Technician Training
Date Course was completed:
Sponsor of the Course:

Or

☐ Paramedic Training
Date Course was completed:
Sponsor of the Course:

Required Course:

☐ Officer Survival (CAE01G) (40 Hours)
Date Course was completed:
Sponsor of the Course:

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Acknowledgement & Agency Head Authorization
Applicant's P.O.S.T. Certification or Registration Number:
--- ---   Signature of the Applicant Date
I recommend awarding the **Intermediate Certificate**. I attest that the applicant has completed a period of satisfactory service of <u>no less than two (2) years</u> and has been employed in compliance with the minimum standards set forth in the Peace Officer Standards and Training Act.   --- ---   Signature of the Agency Head Date   _____ _____   Print Name of Agency Head Title of Agency Head