Georgia Peace Officer Standards & Training Council

Application for Supervisory 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/Title with your present agency (mm/dd/yyyy):
Briefly describe your current supervisory duties and responsibilities:

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):
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:	

Georgia Peace Officer Standards & Training Council

Application for Supervisory Certification

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:	

Training

Attach copies of diplomas or certificates of completion for the **SUPERVISORY CERTIFICATION** course(s). ***DO NOT SEND ORIGINALS. Highlighted POST profiles accepted in lieu of certificates.***

Course completion documentation for one of the following **must be attached** to this application:

☐ 120 Hour P.O.S.T. Supervisory Development Course (CAM03G)
Date Course was completed:
Sponsor of the Course:

Or

☐ 160 Hour Command College Supervision Program
Date Course was completed:
Sponsor of the Course:

Acknowledgement & Agency Head Authorization

Applicant's P.O.S.T. Certification or Registration Number:

--- ---
Signature of the Applicant Date

I recommend awarding the **Supervisory Certificate**. I attest that the applicant has completed a period of satisfactory service of no less than four (4) years, currently holds a supervisory position, has held this supervisory position for at least one year prior to certification, 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