

KENTUCKY ASSOCIATION OF CHIEFS OF POLICE ACCREDITATION APPLICATION

AGENCY NAME		DATE
STREET ADDRESS	MAILING ADDRESS	
CITY	COUNTY	ZIP CODE
E-MAIL	ADMINISTRATIVE TELEPHONE	
CHIEF EXECUTIVE OFFICER	TITLE	
PROGRAM MANAGER	TITLE	

ELIGIBILITY

All general Public Safety Communications agencies are eligible for accreditation. Questions of eligibility will be resolved by the KACP Executive Committee.

AGENCY PROFILE QUESTIONNAIRE

The agency Profile Questionnaire is designed to provide information about your agency. The information will be utilized by the KACP and your accreditation assessment team to better understand your agency needs. It may also be used to provide a general profile of agencies attempting to upgrade standards of Communications Agencies across Kentucky.

AGREEMENT

With this application we agree to adopt and utilize policies in compliance with the Professional Standards adopted by the KACP. We further agree that we will assist the assessors assigned to make the assessment of compliance of our agency. KACP personnel will conduct the inspection and we agree to allow them access to our department records and personnel for purposes of assessment.

We understand the commitment our agency will be making in order to work with the KACP and accept all of the above.

This report is subject to the provisions of the Freedom of Information Act and may be subject to review by third parties.

_____ BY: _____
DATE AUTHORIZED SIGNATURE TITLE

PRINTED NAME

KENTUCKY ASSOCIATION OF CHIEFS OF POLICE ACCREDITATION APPLICATION

Departmental accreditation committee contacts

NAME	TITLE

1. COMMUNITY DATA

WHAT TYPE COMMUNITY DOES YOUR AGENCY PRIMARILY SERVE?

CITY COUNTY STATE OTHER _____

URBAN RURAL SUBURBAN OTHER _____

WHAT IS THE POPULATION OF YOUR JURISDICTION? _____

II. AGENCY DATA

LIST CURRENT BUDGET TOTAL AND BUDGET FOR LAST 3 YEARS:

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

LIST THE HOURS OF OPERATION OF YOUR AGENCY: 24 HOURS 7 DAYS

OTHER _____

LIST ANY SATELLITE STATIONS, OR OUTSIDE FACILITIES (STORAGE, TRAINING FACILITIES, ETC.):

LIST OUTSIDE AGENCIES WHICH YOU PROVIDE SERVICES TO:

NAME OF AGENCY'S LIABILITY INSURANCE CARRIER: _____

KENTUCKY ASSOCIATION OF CHIEFS OF POLICE ACCREDITATION APPLICATION

2. PERSONNEL

LIST ALL PERSONNEL EMPLOYED BY YOUR AGENCY:

	20____	20____	20____
FULL TIME			
PART TIME			
OTHER			

3. TRAINING

DOES YOUR AGENCY HAVE A COMMUNICATIONS TRAINING PROGRAM?

NO YES IF YES, LENGTH OF TRAINING: _____

HOW OFTEN DO EMPLOYEES RECEIVE IN-SERVICE TRAINING?

4. OPERATIONS

DATE OF LAST MAJOR REVISION/UPDATE OF POLICIES AND PROCEDURES _____

LIST THE MOST SERIOUS PROBLEMS NOW FACING YOUR ORGANIZATION:

LIST THE ASPECTS OF YOUR AGENCY'S ADMINISTRATION, TRAINING, AND OPERATIONS MOST IN NEED OF IMPROVEMENT:

LIST SPECIFIC BENEFITS YOU MOST HOPE TO GAIN BY MEETING THE REQUIREMENTS FOR KACP ACCREDITATION:

Mail application to:

KACP Accreditation Program
738 Timberline Drive
Villa Hills, KY 41017

Email application to:

sbutler@kypolicechiefs.org