

# Application for Community Policing Certificate Program

(Mail completed application to Connie Lee, NCJA-East – PO Box 99 – Salemburg, NC 28385-0099)

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ SN (last 4 digits): \_\_\_\_\_

Rank: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

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**Agency Address \*** (complete department mailing address with zip code)

\_\_\_\_\_

**Email Address** \_\_\_\_\_

**Work Phone** (include Area Code) \_\_\_\_\_

**Home Address \***

\_\_\_\_\_

\_\_\_\_\_

**Home Phone** (include Area Code) \_\_\_\_\_

**\* Check block for location where correspondence is to be sent - work or home**

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**Education:** (circle highest grade completed) **12 - 13 - 14 - 15 - 16 - 17 - 18**

Degree Held:

\_\_\_\_\_

Major:

\_\_\_\_\_

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## Work Experience

Number of years working in a sworn law enforcement capacity \_\_\_\_\_

\* Issue date of Basic Law Enforcement Certificate: \_\_\_\_\_

Number of years working within the area of Community Policing: \_\_\_\_\_

*Include copies of applicable certificates when submitting the application.*

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**Sponsor:** Agency Head or Designee (endorsing student's participation in the program)

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**DO NOT WRITE BELOW LINE**

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Date Applied: \_\_\_\_\_ Completion Date: \_\_\_\_\_ Extension \_\_\_\_\_

Certificate Mailed: \_\_\_\_\_

Program Coordinator Signature: \_\_\_\_\_