



Confidential Application for the IACP Voluntary Police Chief Certification Program

Introduction

This application is designed to gather information to assess your eligibility to participate in the Illinois Association of Chiefs of Police (IACP) Voluntary Police Chief Certification Process. The process is confidential. The IACP will not publish candidate names or status throughout the process. Only the names of those who successfully complete the process will be published, and at no time will any information about a candidate be divulged to any party without the expressed written permission of the certification candidate.

Instructions to Applicants

Please fill out this application completely and accurately. All statements in your application are subject to verification. Upon completion of the application, return it to: Executive Director, IACP, 426 South Fifth Street, Suite 200, Springfield, Illinois 62701-1824 with a check for \$350 for IACP members or \$435 for all others. After a review of your application you do not have enough points for eligibility your application fee will be refunded minus \$50 administration fee.

Personal History

Name (last, first, middle) _____

Date of birth (month, date, year) _____

Current Address: (street) _____

(City, state, zip) _____

Home phone (include area code) _____

Work phone (include area code) _____

Fax number _____

E-mail address _____

I. Professional Law Enforcement Experience

Include chronological history of employment starting with current or most recent position.

Department	From	City	To	State	Total Years In Rank
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____

Department	From	City	To	State	Total Years In Rank
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____

Department	From	City	To	State	Total Years In Rank
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____

Department	From	City	To	State	Total Years In Rank
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____

Department	From	City	To	State	Total Years In Rank
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____

Department	From	City	To	State	Total Years In Rank
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____
Rank _____	_____	_____	_____	_____	_____

II. Education and Professional Development

Name of **High School** from which you graduated _____

City, state, zip _____

Date graduated _____

High School Degree _____ or GED _____

College or University*

List the total number of semester or quarter hours you have received from accredited institutions.

College Credits _____ Semester Hours _____ Quarter Hours _____

Degrees Achieved _____

	Institution	Dates	Degree/Major	If no degree, number of semester hours of credit
1.				
2.				
3.				
4.				

*Copies of original transcripts should be mailed to the IACP Executive Director within 90 days of application. You may submit a copy of a diploma in lieu of providing transcripts.

Attendance at Law Enforcement Continuing Education Programs

**For example: FBI National Academy, Northwestern Traffic Institute Staff and Command, Illinois Executive Management Program, IACP Training Conferences, etc.
(Attach separate summary page using the same format, if needed.)**

Program _____

Program Sponsor _____

Date _____

Number of Hours _____

Program _____

Program Sponsor _____

Date _____

Number of Hours _____

Program _____

Program Sponsor _____

Date _____

Number of Hours _____

Program _____

Program Sponsor _____

Date _____

Number of Hours _____

Program _____

Program Sponsor _____

Date _____

Number of Hours _____

Involvement in Professional Activities

Are you now, or have you ever been a member of any law enforcement association, society or organization? If yes, please list below.

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Positions _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Positions _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Positions _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Positions _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Positions _____

Dates From _____ To _____ Total Years _____

III. Community and Professional Membership Activities

Community Activities

Are you now, or have you been involved in community activities (outside of your job) e.g., PTA, town zoning board, NAACP, Elks Club, Library Board, NOW, Boy/Girl Scouts, etc. Please list.

Community Activity _____
 Dates From _____ To _____

	From	To	Total Years
Committee Member	_____	_____	_____
Committee Chair	_____	_____	_____
Executive Leadership Position	_____	_____	_____

Community Activity _____
 Dates From _____ To _____

	From	To	Total Years
Committee Member	_____	_____	_____
Committee Chair	_____	_____	_____
Executive Leadership Position	_____	_____	_____

Community Activity _____
 Dates From _____ To _____

	From	To	Total Years
Committee Member	_____	_____	_____
Committee Chair	_____	_____	_____
Executive Leadership Position	_____	_____	_____

Community Activity _____
 Dates From _____ To _____

	From	To	Total Years
Committee Member	_____	_____	_____
Committee Chair	_____	_____	_____
Executive Leadership Position	_____	_____	_____

Community Activity _____
 Dates From _____ To _____

	From	To	Total Years
Committee Member	_____	_____	_____
Committee Chair	_____	_____	_____
Executive Leadership Position	_____	_____	_____

Ethics Statement

I understand that my completed application will be used to examine and assess my qualifications for the IACP Voluntary Police Chief Certification program.

By signing below, I attest that my record or background does not include any substantial legal or ethics violations, acts of moral turpitude, sustained misconduct charges or any action that would raise concerns about my integrity, and that there are no criminal, moral, integrity related or ethics charges currently pending against me and that I will notify the IACP immediately if this becomes untrue prior to or after my certification.

I understand that if at any time during my tenure as an IACP Certified Police Chief this statement becomes inaccurate, I will notify the IACP immediately in writing and the IACP will reevaluate my certification and determine if I will remain certified. I understand that the IACP reserves the right to alter without notice to applicants or certified individuals any part of the voluntary police chief certification criteria or process

Signature _____

Date _____