



**Application for**  
**Federal Law Enforcement Training Accreditation**

(Separate applications are required for each academy and/or program to be accredited.)

1. This application is for:                                  Academy                                  Program
- Initial Accreditation                    Reaccreditation

2. Name of Academy/Program: \_\_\_\_\_

**Agency Information**

3. Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Academy/Program address (if different from Agency address)

Academy/Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information**

5. Authorizing Official's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact address?    Address #3 above                  Address #4 above

6. Academy Director's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact address?    Address #3 above                  Address #4 above

7. Accreditation Manager's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact address?    Address #3 above                  Address #4 above

**This Section for Academies**

**1. Please provide an overview of the academy’s mission and organizational structure.**  
(Please provide response on a separate sheet)

**2. Have all basic (entry-level) law enforcement training programs been FLETA accredited?** **Yes** **No**

**3. Does the academy have its own FLETA accredited instructor development program?** **Yes** **No**

**If no, does the academy use another FLETA accredited instructor development program; if so, what accredited program is used?**

\_\_\_\_\_

**4. Please list all basic law enforcement training programs(s) the academy provides.**  
(Use additional sheets as necessary)

**4.1:** \_\_\_\_\_

**4.2:** \_\_\_\_\_

**4.3:** \_\_\_\_\_

**4.4:** \_\_\_\_\_

**4.5:** \_\_\_\_\_

**5. How many training programs does the academy currently offer?** \_\_\_\_\_  
(Including the programs listed above)

**6. Does the agency share responsibility for this academy with other entities?** **Yes** **No**

**7. Does the academy deliver any distance learning and/or blended training programs?** **Yes** **No**

If the academy includes any distance learning and/or blended training programs, the academy will develop files for all academy standards and distance learning standards - Academy sections 1-5. Proofs of compliance for the distance learning and/or blended training programs must be included throughout the files, even if the distance learning/blended training program is not one of the programs selected to represent the academy. If the academy only has in-person training programs then only Academy sections 1-4 must be addressed.

**8. Please list permanent training facilities where training programs are conducted on behalf of the academy.** (Use additional sheets if necessary)

**8.1:** \_\_\_\_\_

**8.2:** \_\_\_\_\_

**8.3:** \_\_\_\_\_

**8.4:** \_\_\_\_\_

**9. How many students attend academy programs each year?** \_\_\_\_\_  
(Most recent data available)

**This Section for Programs**      **Program Name:** \_\_\_\_\_

- |  |            |           |
|--|------------|-----------|
| <b>1. Is this program owned by a U.S. Federal entity?</b>                | <b>Yes</b> | <b>No</b> |
| <b>2. Is this program funded by Federal appropriations?</b>              | <b>Yes</b> | <b>No</b> |
| <b>3. Does this program support the Federal law enforcement mission?</b> | <b>Yes</b> | <b>No</b> |
| <b>4. Does another organization provide resources for this program?</b>  | <b>Yes</b> | <b>No</b> |

**If yes, name the organization:** \_\_\_\_\_  
 (A copy of this application will be forwarded to the Authorizing Official of the organization named.)

- 5. Does this program include any distance learning and/or blended training?**
- Yes**      **No**

Training programs that include or are based solely on distance learning must include program policies, procedures, and/or directives and address each applicable FLETA standard for sections 1-5. In-person training programs must include program policies, procedures, and/or directives and address each applicable FLETA standard for sections 1-4.

- 6. Please provide an overview of the program’s purpose and the target audience.**  
 (Please provide response on a separate sheet)

**7. Date the program was first presented:** (after pilot test) \_\_\_\_\_

**8. Duration of the program:** (days or hours) \_\_\_\_\_

- 9. Please list the locations where the program is offered on a regular basis.**  
 (Use additional sheets as necessary)

**9.1:** \_\_\_\_\_

**9.2:** \_\_\_\_\_

**9.3:** \_\_\_\_\_

**9.4:** \_\_\_\_\_

- |   |            |           |
|---|------------|-----------|
| <b>10. Is the program exported to locations not listed above?</b> | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|

**11. What type(s) of facilities are used for the program?**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Classroom</b>                      | <input type="checkbox"/> <b>Gym/Mat Room</b>     |
| <input type="checkbox"/> <b>Practical Exercise Environment</b> | <input type="checkbox"/> <b>Driving Range</b>    |
| <input type="checkbox"/> <b>Firearms Range</b>                 | <input type="checkbox"/> <b>Other - Explain:</b> |

## **Commitment to FLETA Accreditation**

Our agency is committed to completing all the steps necessary to achieve accreditation with the Federal Law Enforcement Training Accreditation Board (FLETA). It is understood our agency is entering into a voluntary relationship with the FLETA Board and Office of Accreditation. It is accepted that we will work with the FLETA Board and Office of Accreditation to demonstrate compliance with all FLETA standards required to accredit the training academy/program named in this application.

Applications for accreditation must be signed by an Authorizing Official. The AO must be a senior official that has the authority to enter into a written agreement on behalf of the agency. While compensation is not provided to FLETA, the AO should recognize that personnel and other resources will have to be dedicated to the accreditation process. FLETA uses voluntary peer assessors to serve as the eyes and ears of the FLETA Board when conducting assessments. The number of assessors an agency must provide is based upon the agency's participation and the needs of the FLETA Board.

Agencies applying for accreditation must complete the FLETA assessment within three years of application acceptance. If the academy/program has not completed the assessment within that period, the agency will be required to submit an updated application.

\_\_\_\_\_  
(Typed/Printed Name of Authorizing Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Accepted by FLETA Executive Director)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

A signed copy will be returned to the Authorizing Official when it is accepted by the FLETA Office of Accreditation.