



Federal Law Enforcement Training Accreditation Board
Office of Accreditation, TH 383
Glynco, GA 31524
(912) 261-3684

FLETA Assessor Training Program (ATP) Application

Name: _____ Date: _____

Current Employment Information:

Are you a federal employee? _____

Agency: _____ Other: _____

Office: _____

Job Title: _____

Length of Time in Position (or career field): _____

Work Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____

Cell Phone: _____

(optional)

Work Email: _____

Personal Email: _____

(optional)

FLETA Experience/Involvement:

Have you completed the FLETA Fundamentals? _____ Date of Training: _____

Have you completed the FLETA ATP*? _____ Date of Training: _____

**If it has been more than three years since completing an assessment, the ATP must be retaken*

Have you completed the Accreditation
Manager Workshop? _____ Date of Training: _____

Identify Your Areas of Expertise (Check All That Apply):

Section 1 – Program Administration

Section 2 – Program Training Staff

Section 3 – Program Training Development

Section 4 – Program Training Delivery

Academy Administration



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By signing this application, we the undersigned, agree to volunteer and support FLETA assessments. We will make the nominee available to perform one FLETA assessment every 18-months.

Accreditation Manager Endorsement: *If the agency does not have an AM, skip to Supervisor/Manager Endorsement.*

Name of Accreditation Manager: _____

AM Phone Number: _____

AM Email: _____

AM Signature: _____ Date: _____

AM Comments:

Supervisor/Manager Endorsement:

Name of Supervisor: _____

Supervisor Title: _____

Phone Number: _____

Email: _____

Supervisor/Manager Signature: _____ Date: _____

Comments:

I, the undersigned, acknowledge that I am volunteering to serve on FLETA assessments. I will serve in a professional and ethical manner at all times. I will comply with FLETA guidance and acknowledge that the FLETA Executive Director has the authority to remove me for good cause, if warranted.

Applicant Signature _____ **Date:** _____