



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? Yes No

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*

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 at least one FLETA assessment every 18 months. It is understood those who are nominated for the ATP have duties associated with the construction of accreditation files, perform classroom instruction, work in instruction systems design, or are involved in aspects of training administration beyond scheduling and coordination. The FLETA OA makes determination of eligibility based upon applicants' experience and/or organizational needs.

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: