1. This application is for:	Academy	Program
	Initial Accreditation	Reaccreditation
2. Name of Academy/Programs	:	
Agency Information		
3. Agency Name:		
Street Address:		
City:	State:	Zip :
4. Academy/Program address ((if different from Agency ad	dress)
Academy/Agency Name:		
Street Address:		
City:	State:	Z ip:
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 Na	me:	
Title:		
Telephone:	Email:	
Contact address?	Address #2 above	Adduses #4 shows

Contact address? Address #3 above Address #4 above

This Section for Academies

(Use additional sheets if necessary)

2. Does the agency share responsibility for this academy with other ent	ities? Yes	No
3. Have all basic (entry-level) law enforcement and instructor development training programs been FLETA accredited?	ment Yes	No
4. Please list the academy's basic (entry-level) law enforcement and ins training programs. (Use additional sheets if necessary)	tructor develop	ment
4.1:		
4.2:		
4.3:		
4.4:		
4.4:		
4.5:		
4.5: 5. How many training programs does the academy currently offer? (Including the programs listed above) 6. Please list permanent training facilities where training programs are		
4.5: 5. How many training programs does the academy currently offer? (Including the programs listed above) 6. Please list permanent training facilities where training programs are behalf of the academy. (Use additional sheets if necessary) 6.1:	e conducted on	
4.5: 5. How many training programs does the academy currently offer? (Including the programs listed above) 6. Please list permanent training facilities where training programs are behalf of the academy. (Use additional sheets if necessary)	e conducted on	
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1. Please provide a brief overview of the academy's mission and organizational structure.

This Section for Programs

1. Is this program sponsored by a U.S. Federal	l entity? Yes	No
2. Is this program funded by Federal appropr	iations? Yes	No
3. Does this program support the Federal law enforcement training mission?	Yes	No
4. Please provide a brief overview of the progr (Use additional sheets if necessary)	ram's purpose and target	participants.
5. Date the program was first presented (after	pilot test):	
6. Duration of the program: (days or hours)		
7. Please list the locations where the program (Use additional sheets if necessary)	is offered on a regular ba	asis.
7.1:		
7.2:		
7.3:		
7.4:		
7.5:		
8. Is the program exported to locations not list	ted above? Yes	No
9. What type(s) of facilities are used for the pr	_	
□ Classroom	☐ Gym/Mat Room	
☐ Practical Exercise Environment	☐ Driving Range	
☐ Firearms Range	☐ Other - Explain:	

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)	