



ARKANSAS ASSOCIATION OF CHIEFS OF POLICE

Arkansas Law Enforcement Accreditation Program (ALEAP)

APPLICATION



Tier I – Advanced Accreditation

Tier II – Basic Accreditation

Tier I – Advanced Re-Accreditation

Tier II – Basic Re-Accreditation

Agency Name: _____

Address: _____
Street Name City Zip

Agency CEO: _____ Phone: _____ Ext: _____

Fax: _____ Email: _____

Program Mgr.: _____ Direct Phone: _____ Ext.: _____

Program Mgr. Email: _____

Sworn Officers: _____ # Non-Sworn Employees: _____ Total Personnel: _____

Service Area Population: _____ Government Type: _____

AACP Member: Yes No County/AACP Region: _____

CALEA Accredited: Yes No Use ARML Legal Defense Program: Yes No

Use ARML Workers Compensation Program: Yes No

Agency CEO has attended AACP Executive Development Course: Yes No

The following personnel have attended the required ALEAP Accreditation Training Program:

Agency CEO: Yes No Course Date: _____

Program Mgr.: Yes No Course Date: _____

Please review the Accreditation Standards. Agencies are allowed 24 months to complete and obtain initial accreditation and 12 months for re-accreditation. **Indicate the number of months the agency anticipates will be needed to comply with the standards:** _____

Program method the agency intends to use during the initial accreditation process:

PowerDMS

Signature of Agency CEO

Date

Please mail completed application to:
Arkansas Association of Chiefs of Police
PO Box 251825
Little Rock, AR 72225

OR

Scan and email to:
jackie.davis@arkchiefs.org