

CAREER-LEVEL CERTIFICATION APPLICATION

WASHINGTON STATE CRIMINAL JUSTICE TRAINING COMMISSION 19010 1ST AVENUE S. BURIEN, WA 98148 (206) 835-7300

PLEASE TYPE OR PRINT CLEARLY

ALL APPLICATIONS MUST BE ONE PDF FILE AND SUBMITTED VIA ACADIS. NO EMAILED APPLICATIONS WILL BE ACCEPTED.

To apply for Career-Level Certification, please complete the following:

		☐ Mandated core class completed					
☐ 40 hours of ele							
□ Agency organiz	zational chart	(one page	, flow chart) attach	ned			
□ Course comple	and the state of t						
□ Obtain required	d signatures						
Incomplete applications will	be denied a	nd the ent	ire application p	rocess shall start over.			
(Last N	lame, First N	lame, Mido	dle Initial)				
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Acadis Student ID Number		Current	Rank or Title	Promotion Date			
Agency Name		Agency Phone Number					
Agency Mailing Address		Training Manager Email Address					
C	ERTIFICATI	ON REQU	ESTED				
First Leve	el Supervision	n – WAC 13	39-25-110 (1)(a)				
CRIMINAL JUSTICE W	ORK EXPER	IENCE – P	ROMOTION PRO	OGRESSION			
Agency	Dat	es	Rank/Position				
	•						
FOR COMMISSION USE ONLY			Received://				
			Approved	Not Approved			
			Uploaded	Letter/Cert			
			Mailed//_				

First Level Supervision Date Completed: ______ Police Leadership: The West Point Model Date Completed: ______ Leadership in Police Organizations Date Completed: ______

If using the Police Leadership: The West Point Model or Leadership in Police Organizations course as the core course requirement then the 40 additional hours of leadership/management electives are not needed because those classes give 120 hours of training credit.

Any courses used for this Certification level may not be used again.

ELECTIVE COURSES

CORE COURSE (check appropriate box)

These topics and descriptions are provided only as a guide for training elective topics and training objectives. Elective courses must be leadership/management related topics and can be provided by the WSCJTC, agency offered, or vendor courses. Applicant must provide copies of completion certificates or transcripts as proof of course completion. Certificates must have completion date and number of hours. Training needs to be completed within four years of application submittal.

Planning and Management	Developing action plansMeasuring performanceProblem solving	 Setting Priorities Establishing obtainable goals Identifying and obtaining resources
Commitment to Safety	 Community safety Interagency cooperation Managing critical incidents 	 Promoting safe work environments Liabilities and risk Physical and mental fitness
Communications	 Oral and written communications Listening skills Promoting open/respectful dialogue Public speaking/oral presentations 	 Interactive communications Ensuring quality written documents Managing meetings effectively Dealing with the media
Ethics and Integrity	 Leading by example Discretion Treating others with respect/dignity 	 Internal and external relationships Holding yourself/others accountable Internal investigations
Critical Thinking and Problem Solving	 Incident command for supervisors Justifying your decisions Overcoming problems/difficult situations 	 Self reflection/critical reexamination of yourself Supervising critical incidents Involving others in decision making
Leadership	 Ensuring compliance with policies/procedures Partnerships Inspiring, motivating & mentoring others Responsibility as a supervisor 	 Scheduling Documenting employee performance Coaching and counseling Leading and accepting change Promoting a quality work product
Interpersonal Skills	 Resolving issues through negotiation and consensus Effective conflict resolution 	Dignity, respect and fairnessRelating well to others
Service Orientation	 Building strong customer relationships Identifying/delivering quality service Understanding perception Community relationships 	 Making yourself accessible to your community Identify and use community resources Knowing and understanding the political environment

Applicant: I affirm that the above information is true and correct. I understand that falsification of information on this document is a violation under RCW 43.101.105 (b) and may constitute action to revoke my peace officer certification.					
Print Name of Applicant	Signature	Date			
Applicant's Agency Head: I affirm the above information is true and correct. I understand that falsification of information on this document is a violation under RCW 43.101.105 (b) and may constitute action to revoke my peace officer certification.					
Print Name of Agency Head	Signature	Date			