



Date:

Accreditation Manager Certification Application

Applicant Name:

Rank:

Agency Name:

Agency Address:

Street

City

State

Zip

Email:

Phone:

Highest level of Completed Education:

Currently the Accreditation Manager for this agency?

For how long?

Date of last successful award as the Accreditation Manager:

Name of Awarded Agency:

AM Online Training Completion Date:

PDMS Training Completion Date:

Last Conference Attended:

Are you a member of an Accreditation Support Network?

Name of Network:

List all agencies you have held this position and duration:

In 150 words or less describe how your agency benefits from CALEA Accreditation:

I certify that all content submitted as part of this application packet are true and accurate to the best of my ability. All recommendations and training certificates submitted are authentic.

Applicant Signature:

Staff only

Check list:

Certification Application

RPM letter of support

CEO letter of support

AM Online Training
certificate

Peer public safety official
letter of support

PDMS Bootcamp certificate

Copy of congratulatory agency
accreditation letter

CALEA conference receipt
(OR) Conference training
certificate