



## Arkansas Association of Chiefs of Police Arkansas Law Enforcement Accreditation Program (ALEAP) APPLICATION

Initial Recognition  
 Re-Recognition

Initial Accreditation  
 Re-Accreditation

Name of Department: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Police Chief: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Program Manager Email: \_\_\_\_\_

Sworn Officers: \_\_\_\_\_ Non-Sworn: \_\_\_\_\_ Total Personnel: \_\_\_\_\_

Service Area Population: \_\_\_\_\_ Government Type: \_\_\_\_\_

AACP Member:  Yes  No AACP Region: \_\_\_\_\_ County: \_\_\_\_\_

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

Use ARML Workers Compensation Program?  Yes  No

Has the Chief of Police attended the AACP Executive Development Course?  Yes  No

Has the Chief of Police and Agency Program Manager attended the Accreditation Training Program?  
 Yes  No (Required) (Date attended \_\_\_\_\_)

After reviewing the Accreditation Standards, how many months do you anticipate needing to comply with the standards? \_\_\_\_\_. (Agencies are allowed 24 months for initial recognition and 12 months for Re-Recognition.)

Which Program Method do you intend to use during initial recognition?

Electronic Submission  
 PMAM

\_\_\_\_\_  
Police Chief's Signature

\_\_\_\_\_  
Date

**Please send completed application to:**

AACP  
1020 West 4th St, Suite 400  
Little Rock, AR 72201

OR

Scan and email to: [aacp@brentstevensonassociates.com](mailto:aacp@brentstevensonassociates.com)