



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:

Arkansas Association of Chiefs of Police
PO Box 251825
Little Rock, AR 72225

OR

Scan and email to: gary.sipes@arkchiefs.org