



## Ethics Statement

I understand that my completed application will be used to examine and assess my qualifications for the ILACP Voluntary Police Chief Certification program.

By signing below, I attest that my record or background does not include any substantial legal or ethics violations, acts of moral turpitude, sustained misconduct charges or any action that would raise concerns about my integrity, and that there are no criminal, moral, integrity related or ethics charges currently pending against me and that I will notify the ILACP immediately if this becomes untrue prior to or after my certification.

I understand that if at any time during my tenure as an ILACP Certified Police Chief this statement becomes inaccurate, I will notify the ILACP immediately in writing and the ILACP will reevaluate my certification and determine if I will remain certified. I understand that the ILACP reserves the right to alter without notice to applicants or certified individuals any part of the voluntary police chief certification criteria or process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_