Application for Renewal of Voluntary Police Chief Certification - ILACP

Introduction

This application is designed to gather information to assess your eligibility for renewal of your Voluntary Police Chief Certification by the Illinois Association of Chiefs of Police. As with your initial application, this process is confidential, and at no time will any information about an applicant be divulged to any party without the expressed written permission of the renewal applicant.

Instructions To Applicants

Please fill out this renewal application completely and accurately. All statements in your application are subject to verification. Upon completion of the application, return it to the ILACP, Attn: Christine Richards, 426 South Fifth Street, Springfield, IL 62701-1824 with a check for **$200.00** if you are a current chief, or **$100.00** if you are retired, when submitting your application.

Forward the application as an attachment file via Email to Christine Richards at ilacp@ilchiefs.org. You will receive a confirmation reply denoting receipt of the message once it is opened by the ILACP staff.

Although electronic submission and payment is preferred, you may instead print out the completed application form and MAIL IT WITH PAYMENT to:

ILACP, Attn: Christine Richards, 426 South Fifth Street, Springfield, Illinois 62701-1824

NOTE: A signed Ethics Statement, Disclosure Regarding Background Check, & Acknowledgment and Authorization for Background Check must be submitted for completion of this application, which can be emailed to attention Christine Richards at ilacp@ilchiefs.org or mailed to our office. A Criminal History Background check will be conducted on all applicants per policy.

Instructions to Applicants Including Payment

Applicant's Name:

Card Number:

Expiration Date:

Security PIN:

Billing Zip Code:

Name on Card:

Personal History

Legal Name (last, first, middle) _____

Date of birth (month, date, year) _____

For required Background check purposes please select a Sex ☐ Male ☐ Female

For required Background check purposes please enter your SSN _____

Current Home Address: (Street) _____

(City, State, Zip) _____

Home phone (include area code) _____

Work phone (include area code) _____

Fax number _____

E-mail address _____

Job title _____

Department _____

Date of Initial Certification _____
(month, date, year)

I. Renewal Category

Please check the renewal category that you are applying for:

[☐] CERTIFIED POLICE CHIEF

[☐] CERTIFIED ELIGIBLE

[☐] RETIRED CERTIFIED

II. Education and Professional Development

College or University*

List the total number of semester or quarter hours you have received from accredited institutions, *since your initial application was submitted*.

College Credits _____ Semester Hours _____ Quarter Hours _____

Degrees Achieved _____

	Institution	Dates	Degree/Major	If no degree, number of semester hours of credit
1.				
2.				
3.				
4.				
5.				

*Copies of original transcripts should be mailed to the Attention of Carmen Elliott at ILACP within 90 days of application. You may submit a copy of a diploma in lieu of providing transcripts.

Attendance at Law Enforcement Continuing Education Programs

For example: FBI National Academy, Northwestern Traffic Institute Staff and Command, Illinois Executive Management Program, ILACP Training Conferences, etc., *since your initial application was submitted*. (Attach separate summary page using the same format, if needed.)

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

_____

Program _____
Program Sponsor _____
Date _____
Number of Hours _____

Involvement in Professional Activities

Are you now a member of any law enforcement association, society or organization, ***different than those listed on your initial application?*** If yes, list below.

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Position _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Position _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Position _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Position _____

Dates From _____ To _____ Total Years _____

Organization _____

Dates From _____ To _____ Total Years _____

Membership Status _____

Leadership Position _____

Dates From _____ To _____ Total Years _____

III. Community and Professional Membership Activities

Community Activities

Are you now involved in community activities (outside of your job) e.g., PTA, town zoning board, NAACP, Elks Club, Library Board, NOW, Boy/Girl Scouts, etc., *different than those listed on your initial application?* Please list below.

Community Activity _____

Dates From _____ To _____

	From	To	Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____

Dates From _____ To _____

	From	To	Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____

Dates From _____ To _____

	From	To	Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____

Dates From _____ To _____

	From	To	Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

Community Activity _____

Dates From _____ To _____

	From	To	Total Years
Committee Member			
Committee Chair			
Executive Leadership Position			

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 _____

DISCLOSURE REGARDING BACKGROUND CHECK

Illinois Association of Chiefs of Police ("the Company") may obtain information about you from a third party consumer reporting agency for Voluntary Police Chief Certification purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.**

Signature: _____ Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **Illinois Association of Chiefs of Police** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net**.

I also consent to have any legally required notices sent electronically.

_____
Printed Name

_____ _____
Signature Date

_____ _____
Parent or Legal Guardian Signature Date
(for searches conducted on minors under the age of 18)