



Lateral Entry Program

Please email completed form and attachments to: dps.recruit@alaska.gov

Name:	Date:
Address:	
Contact Number:	
Email Address:	

Reason for lateral entry

_____ Years of Law Enforcement Service

_____ Years of patrol experience

_____ Hours of classroom and practical training for police officers (minimum of 650 hours)

Estimated date available for employment:

Applicant Signature: _____ Date: _____

The Alaska Police Standards Council certifies that this applicant has a minimum of twelve months of work experience as a police officer AND possession of an active police officer certificate issued by the Alaska Police Standards Council or that they meet the prerequisite training requirements set in 13 AAC 85.606 to be considered for reciprocal certification as a police officer by the Alaska Police Standards Council.

Approved

Not Approved

Signature: _____ Date: _____

APSC Staff

DPS OFFICE USE ONLY

RANGE/STEP

ACADEMY TYPE

DIR OFF APPROVAL