



F7

APPLICATION FOR CERTIFICATION

Alaska Police Standards Council
PO Box 111200
Juneau, AK 99811-1200
Ph: 907 465-4378
Email: APSC@alaska.gov

CHECK ONE: [] Police [] Correctional [] Probation/Parole [] VPO [] MCO [] Basic [] Intermediate [] Advanced [] Supervisory [] Management
CHECK ONE: One F7 Must be Completed For Each Certification Requested

1. Last Name 2. First Name 3. Middle Name 4. Date of Birth
5. Home Address (Street, City, Zip)
6. Work E-mail: 7. Personal Phone:

ACADEMIC EDUCATION: (Provide official college transcript if application is for Intermediate or Advanced Certificate.)

8. High School Diploma [] GED [] 9. College
High School Name State College Name Major Credits Graduated Y [] N []

CRIMINAL JUSTICE EXPERIENCE: (If more space is needed, use page 3.)

Table with columns: 10. Agency (list present agency First), State, Dates of Employment (Start, End), Length Of Service (Years, Months), Title (Highest Rank). Includes a Total row at the bottom.

CRIMINAL JUSTICE TRAINING: (If more space is needed, use page 3.)

Table with columns: 11. Course, Sponsor, Course Hours, Date Completed

SUPERVISORY & MANAGEMENT CERTIFICATION This section only needs to be completed if applying for a Supervisory or Management Certification

Is a full-time paid Police, Probation, Parole, or Correctional Officer in Alaska: Y [] N []
Select any certifications you possess within the State of Alaska: [] Basic [] Intermediate [] Advanced [] Supervisory

SUPERVISORY CERTIFICATION

Directly supervised at least one other public safety employee for at least 12 months: Y [] N [] See instructions for definition of public safety employee

Table with columns: Name Of Public Safety Employee Supervised, Position or Title Of Employee Supervised, Dates Supervised (From, To)

[] Successfully completed Alaska Police Standards Council approved supervisory training, consisting of at least 80 hours of instruction. Please list courses and hours in the training section on page 2 and 3.
[] Completed at least 40 hours of Alaska Police Standards Council approved training in addition to those previously relied upon for intermediate or advanced officer certification. Please list courses and hours in the training section on page 2 and 3.

MANAGEMENT CERTIFICATION

Possess a Supervisory Certificate: Y [] N []
Directly supervised at least one first line supervisor or higher for at least 12 months: Y [] N []

Table with columns: Name Of First Line Supervisor Managed, Position or Title Of Supervisor Managed, Dates Managed (From, To)

[] Successfully completed Alaska Police Standards Council approved management level training, consisting of at least 80 hours of instruction. Please list courses and hours in training section on page 2 and 3.
[] Completed at least 40 hours of additional Alaska Police Standards Council approved training in addition to those previously relied upon for prior certification. Please list courses and hours in the training section on page 2 and 3.

PERSONNEL INFORMATION

12a. Have you ever been arrested? YES NO

12b. Have you ever been discharged, asked to resign, or involuntarily terminated from employment? YES NO

If answer is YES to either question, show date, disposition, reason and by whom on the 3rd page of this application form.

Please send payment (made out to APSC) in the amount of 50.00 for each certificate to the address at the top of the form. Submit the F-7 APPLICATION FOR CERTIFICATION Through ACADIS.

RECOMMENDATION FOR APPROVAL:

It is recommended that the above applicant be certified in the requested certification. I certify under penalty of perjury that the applicant has complied with the minimum standards established pursuant to AS 18.65.240 or AS 18.65.242, is of good moral character and is worthy of certification. My recommendation is based upon personal knowledge or inquiry and the personnel records of this jurisdiction substantiate the recommendation.

Department/Agency Head _____ Printed Name _____ Date _____
 Or Designee Signature _____

I swear and attest that I am a citizen of the United States; I have read and subscribed to the Law Enforcement Code of Ethics or the Alaska Department of Corrections Code of Ethics; I have been employed full-time for the past twelve months with my present employer, if I am applying for a basic certification; and, that I acknowledge the information contained on this form will be used by the council for purposes of determining my eligibility and qualifications for training, employment, and certification.

I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge.

Done at _____, Alaska on the _____ day of _____, 20_____.

Applicant Signature _____

SWORN TO AND SUBSCRIBED BEFORE ME

Notary Stamp

this _____ day of _____, 20_____.

 Notary
 Public in and for Alaska

My Commission Expires: _____

Training

Ensure all training used for verification to meet the requirement for requested certification is listed below and documentation is attached.

Please ensure all your training is uploaded to ACADIS. For directions how to upload your training use the link provided [Acadis Portal](#) [ACADIS Training Entry Slideshow](#)

General Training

Course	Hours	Date Completed

Supervisory Training

Course	Hours	Date Completed

