Arkansas Association of Chiefs of Police
Arkansas Law Enforcement Accreditation Program
(ALEAP) APPLICATION

___ Initial Recognition ___ Initial Accreditation
___ Re-Recognition ___ 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

Have 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/accreditation and 12 months for Re-Recognition/Re-Accreditation.)

Which Program Method do you intend to use during initial recognition/accreditation?
____ Electronic Submission
____ PowerDMS/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