



The University of Kansas
Kansas Law Enforcement Training Center
Application for Reciprocity Certification

Through an interagency memorandum of agreement between the Director of Police Training for the state of Kansas and the KSCPOST executive director, the Director of Police Training is authorized to review the adequacy of prior training in other states or territories of all law enforcement officers applying for reciprocity in Kansas and to render an opinion regarding eligibility of such officers to the KSCPOST executive director.

Basic Information**Box 1**

Name: _____
First MI Last

Date of birth: _____
MM/DD/YYYY

Home Address: _____
Number, RFD or Box number Street Apt.#

City State Zip Code

Home Telephone Number: _____

Kansas Agency Presently Employed By: _____

Training Background**Box 2**☐

Yes

☐

No

Have you ever successfully completed a basic law enforcement course of instruction from a certified city, county, state or federal law enforcement training academy?

If yes, please provide the following information:

Name of Academy Providing Basic Training: _____

Academy Address: _____

Number, RFD or Box number Street Apt.#

City State Zip Code

Academy Telephone Number: _____

Dates Attended: From: _____ to _____

Date of Completion: _____

Number of Basic Training Hours Completed: _____

(Official Copy of Graduation Certificate/Diploma Must be Attached to this Application)

Employment Background**Box 3**☐

Yes

☐

No

Have you ever been employed as a certified, full-time police or law enforcement officer in a county, municipal, state or federal law enforcement agency outside of the state of Kansas?

If yes, please provide the following information:

Agency Employed By: _____

Agency Address: _____

Number, RFD or Box Number

Street

Apt.#

City

State

Zip Code

Agency Telephone Number: _____

Employed Dates: From: _____ to _____

(Any additional relevant background or supporting documentation may be attached to this application form)

Applicant Signature**Box 4**

I certify under penalty of perjury that the information being provided for this application is true and accurate, and that there are no willful misrepresentations, omissions, or falsifications in the information provided by me.

Signature _____ Date _____

Kansas Agency Head Signature**Box 5**

I certify under penalty of perjury that the information being provided for this application is true and accurate, and that there are no willful misrepresentations, omissions, or falsifications. I further certify that I have verified the authenticity of the information and documents provided by the applicant.

Signature _____ Date _____

Mail, fax, or email completed copy to:

Basic Training Registrar
Kansas Law Enforcement Training Center
11009 South Hornet
Hutchinson, Kansas 67501

Fax:
(620) 694-1420

Email:
registrar@kletc.org

“Integrity is the Basis
for Community Trust”