



Kansas Law Enforcement Accreditation Program  
KLEAP



Accreditation Assessment Agreement

Please Select:      Initial       Reaccreditation

On behalf of the, \_\_\_\_\_  
I hereby request an on-site assessment be scheduled for my agency by the Kansas Law Enforcement Accreditation Program guided and directed by the Kansas Accreditation Council. In making this request, I confirm that:

- 1) The agency’s policies and procedures needed to meet all the KLEAP Standards have been fully implemented and in effect for a minimum of three months. All revisions in our agency’s policies and procedures have been distributed to appropriate personnel to include newly hired employees.
- 2) All forms, tracking logs, or worksheets referred to in our agency’s written directives are available for review by the Assessors and have been in use for a minimum of three months.
- 3) Our agency has built a PDF electronic file available for review for each KLEAP Standard.
- 4) Our agency has participated in a pre-assessment (Mock) review as denoted below. *(Required for initial accreditation, highly recommended for re-accreditation.)*

<b>Date(s) of Mock Assessment:</b>
<b>Please provide the name(s) of the individual(s) who conducted your mock assessment:</b>

- 5) The applicable Assessment Checklist has been reviewed and all components have been met.
- 6) Additionally, I agree to be present and available to assess potential problems throughout the entire on-site assessment review. Key personnel will also be present and available during the entire on-site assessment review to answer any questions that the assessment team may have.
- 7) I have made the necessary arrangements to ensure the on-site assessment team will have adequate work space.
- 8) Should some unforeseen event occur that impacts this agreement in any way, I will contact the KLEAP Program Director at once and request that the assessment be postponed.
- 9) Remote file review will start 30 - 45 prior to your site-based assessment.

<b>Start Date Preference #1:</b>	<b>Start Date Preference #2</b>

\_\_\_\_\_  
*Signature of Chief Law Enforcement Officer*

\_\_\_\_\_  
*Date*

Email Completed form to: [KLEAP@kletec.org](mailto:KLEAP@kletec.org)  
Contact the KLEAP Program Director: (785) 341-0103