

Indiana Law Enforcement Academy
Senior Instructors Course
Application Form

INSTRUCTIONS FOR COMPLETING THIS FORM:

- Answer each question as completely as possible. If a question does not apply, leave it blank.
- If necessary, you may attach additional sheets of paper. (It is not necessary to attach copies of college transcripts, diplomas, birth certificates, commission certificates or other similar documents.)
- If you need additional information *from ILEA records* to complete page 2 or 3 of this application, contact ILEA at 317-839-5191.

Email Completed Application to: tlahay@ilea.in.gov

Indiana Law Enforcement Academy
Attn: Lt. Thomas Lahay
5402 S. County Rd 700 E.
Plainfield, IN 46168

If you have any general questions about the application process, please contact:
Lt. Thomas Lahay at 317-837-3239 or tlahay@ilea.in.gov

Part I – Personal Information

Name: _____
(Last) (First) (MI)

PSID number: _____ Date of Birth: _____

Rank/Title: _____

Agency: _____

Chief Executive Officer: _____

Department Mailing Address: _____
(Street)

City: _____ State: ____ County: _____ Zip: _____

Agency Telephone Number: _____

Your Telephone Number: (H) _____ (C) _____

Your E-mail Address: _____

Your Department's E-mail Address: _____

Currently Certified to Instruct as:

	Original Date of Certification	Expiration date
<input type="checkbox"/> Primary Instructor	_____	_____
<input type="checkbox"/> Firearms Instructor	_____	_____
<input type="checkbox"/> EVO Instructor	_____	_____
<input type="checkbox"/> Physical Tactics Instructor	_____	_____
<input type="checkbox"/> Other: _____	_____	_____

Estimate the number of hours you instruct annually:

_____ Within your department

_____ For other departments

_____ Total

Part II – Work Experience:

Are you currently certified as an officer in Indiana? Yes No

Certification: Indiana Law Enforcement Academy Class # _____

FBINA Class # _____

Southern Police Institute (SPI) Course Name and Number:

Other: _____

Total number of years as a full time law enforcement officer: _____

Part III – Education/Training:

High School: _____
(Name of High School)

Associates Degree: _____
(Name of College or University)

Bachelor's Degree: _____
(Name of College or University)

Master's Degree: _____
(Name of College or University)

List all instructor development course(s) you have successfully completed; include course title, provider and the dates of the courses:

List all certification/accreditations (other than those already identified) related to any advance skills area(s):

Certification/Accreditation: Date: Expiration Date:

_____ _____ _____

_____ _____ _____

