



# Application for Renewal of Voluntary Police Chief Certification - ILACP

## Introduction

This application is designed to gather information to assess your eligibility for renewal of your Voluntary Police Chief Certification by the Illinois Association of Chiefs of Police. As with your initial application, this process is confidential, and at no time will any information about an applicant be divulged to any party without the expressed written permission of the renewal applicant.

## Instructions To Applicants

Please fill out this renewal application completely and accurately. All statements in your application are subject to verification. Upon completion of the application, return it to the ILACP, Attn: Carmen Elliott, 426 South Fifth Street, Springfield, IL 62701-1824 with a check for **\$200.00** if you are a current chief, or **\$100.00** if you are retired, when submitting your application.

Forward the application as an attachment file via Email to Carmen Elliott at [carmen@ilchiefs.org](mailto:carmen@ilchiefs.org). You will receive a confirmation reply denoting receipt of the message once it is opened by the ILACP staff.

*Although electronic submission and payment is preferred, you may instead print out the completed application form and MAIL IT WITH PAYMENT to:*

*ILACP, Attn: Carmen Elliott, 426 South Fifth Street, Springfield, Illinois 62701-1824*

**NOTE:** A signed Ethics Statement, Disclosure Regarding Background Check, & Acknowledgment and Authorization for Background Check must be submitted for completion of this application, which can be emailed to attention Carmen Elliott at [carmen@ilchiefs.org](mailto:carmen@ilchiefs.org) or mailed to our office. A Criminal History Background check will be conducted on all applicants per policy.

## Instructions to Applicants Including Payment

Applicant's Name:

Card Number:

Expiration Date:

Security PIN:

Billing Zip Code:

Name on Card:

## **Personal History**

Legal Name (last, first, middle) \_\_\_\_\_

Date of birth (month, date, year) \_\_\_\_\_

For required Background check purposes please select a Sex  Male

Female \_\_\_\_\_

For required Background check purposes please enter your SSN \_\_\_\_\_

Current Home (Street) Address: \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Home phone (include area code) \_\_\_\_\_

Work phone (include area code) \_\_\_\_\_

Fax number \_\_\_\_\_

E-mail address \_\_\_\_\_

Job title \_\_\_\_\_

Department \_\_\_\_\_

**Date of Initial Certification** \_\_\_\_\_  
(month, date, year)

### **I. Renewal Category**

Please check the renewal category that you are applying for:

[ ] CERTIFIED POLICE CHIEF

[ ] CERTIFIED ELIGIBLE

[ ] RETIRED CERTIFIED

## II. Education and Professional Development

### College or University\*

List the total number of semester or quarter hours you have received from accredited institutions, since your initial application was submitted.

College Credits \_\_\_\_\_ Semester Hours \_\_\_\_\_ Quarter Hours \_\_\_\_\_

Degrees Achieved \_\_\_\_\_

	Institution	Dates	Degree/Major	If no degree, number of semester hours of credit
1.				
2.				
3.				
4.				
5.				

\*Copies of original transcripts should be mailed to the Attention of Carmen Elliott at ILACP within 90 days of application. You may submit a copy of a diploma in lieu of providing transcripts.

## Attendance at Law Enforcement Continuing Education Programs

For example: FBI National Academy, Northwestern Traffic Institute Staff and Command, Illinois Executive Management Program, ILACP Training Conferences, etc., since your initial application was submitted. (Attach separate summary page using the same format, if needed.)

**Program** \_\_\_\_\_  
Program Sponsor \_\_\_\_\_  
Date \_\_\_\_\_  
Number of Hours \_\_\_\_\_

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Program Sponsor \_\_\_\_\_  
Date \_\_\_\_\_  
Number of Hours \_\_\_\_\_

**Program** \_\_\_\_\_  
Program Sponsor \_\_\_\_\_  
Date \_\_\_\_\_  
Number of Hours \_\_\_\_\_

**Program** \_\_\_\_\_  
Program Sponsor \_\_\_\_\_  
Date \_\_\_\_\_  
Number of Hours \_\_\_\_\_

**Program** \_\_\_\_\_  
Program Sponsor \_\_\_\_\_  
Date \_\_\_\_\_  
Number of Hours \_\_\_\_\_

Program \_\_\_\_\_  
Program Sponsor \_\_\_\_\_  
Date \_\_\_\_\_  
Number of Hours \_\_\_\_\_

## Involvement in Professional Activities

Are you now a member of any law enforcement association, society or organization, different than those listed on your initial application? If yes, list below.

**Organization** \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

Membership Status \_\_\_\_\_

Leadership Position \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

**Organization** \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

Membership Status \_\_\_\_\_

Leadership Position \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

**Organization** \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

Membership Status \_\_\_\_\_

Leadership Position \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

**Organization** \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

Membership Status \_\_\_\_\_

Leadership Position \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

**Organization** \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

Membership Status \_\_\_\_\_

Leadership Position \_\_\_\_\_

Dates From \_\_\_\_\_ To \_\_\_\_\_ Total Years \_\_\_\_\_

### III. Community and Professional Membership Activities

#### Community Activities

Are you now involved in community activities (outside of your job) e.g., PTA, town zoning board, NAACP, Elks Club, Library Board, NOW, Boy/Girl Scouts, etc., different than those listed on your initial application? Please list below.

**Community Activity** \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
From To Total Years  
Committee Member \_\_\_\_\_  
Committee Chair \_\_\_\_\_  
Executive Leadership Position \_\_\_\_\_

**Community Activity** \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
From To Total Years  
Committee Member \_\_\_\_\_  
Committee Chair \_\_\_\_\_  
Executive Leadership Position \_\_\_\_\_

**Community Activity** \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
From To Total Years  
Committee Member \_\_\_\_\_  
Committee Chair \_\_\_\_\_  
Executive Leadership Position \_\_\_\_\_

**Community Activity** \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
From To Total Years  
Committee Member \_\_\_\_\_  
Committee Chair \_\_\_\_\_  
Executive Leadership Position \_\_\_\_\_

**Community Activity** \_\_\_\_\_  
Dates From \_\_\_\_\_ To \_\_\_\_\_  
From To Total Years  
Committee Member \_\_\_\_\_  
Committee Chair \_\_\_\_\_  
Executive Leadership Position \_\_\_\_\_



## Ethics Statement

I understand that my completed application will be used to examine and assess my qualifications for the ILACP Voluntary Police Chief Certification program.

By signing below, I attest that my record or background does not include any substantial legal or ethics violations, acts of moral turpitude, sustained misconduct charges or any action that would raise concerns about my integrity, and that there are no criminal, moral, integrity related or ethics charges currently pending against me and that I will notify the ILACP immediately if this becomes untrue prior to or after my certification.

I understand that if at any time during my tenure as an ILACP Certified Police Chief this statement becomes inaccurate, I will notify the ILACP immediately in writing and the ILACP will reevaluate my certification and determine if I will remain certified. I understand that the ILACP reserves the right to alter without notice to applicants or certified individuals any part of the voluntary police chief certification criteria or process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_



DISCLOSURE REGARDING BACKGROUND CHECK

**Illinois Association of Chiefs of Police** (“the Company”) may obtain information about you from a third party consumer reporting agency for Voluntary Police Chief Certification purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net).**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate stand alone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Illinois Association of Chiefs of Police** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; [www.intellicorp.net](http://www.intellicorp.net)**.

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under  
the age of 18)

\_\_\_\_\_  
Date