

Coastal Plain Law Enforcement Training Center

Wilson Community College

Post Office Box 4305

Wilson, N.C. 27893-0305

Application for Law Enforcement Management Institute

Name _____ Social Security # _____

Home Address _____ City/State _____ Zip _____

Home # () _____ E-mail _____

Agency _____ Phone _____ Zip _____

Address _____ City/State _____ Zip _____

Name & Rank of Approving Officials _____

Present Rank _____ Present Assignment _____

Where did you attend First Line Supervision training? _____

Dates _____ Number of Hours _____ Did you receive a certificate? ____ Yes ____ No
(Please attach a copy of certificate)

Do you know how to operate a computer? ____ Do you own or have access to a laptop? ____

Can you develop a power point presentation? _____

Please indicate an area of interest that you would like to develop as a management project for course completion requirements (e.g.; buget process, policy and procedure development, new community program).

IMPORTANT ATTACHMENT: Please submit a 1 – 3 page typed statement outlining your law enforcement background, education, training, and career aspirations. Include in your statement what you expect from this course and how it will benefit you and your department.

Return original copy of
completed application to:

Darlene W. Hall, Law Enforcement Training Coordinator
Wilson Community College
P.O. Box 4305
Wilson, NC 27893-0305