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Commission for Florida Law

Enforcement Accreditation

**THIS FORM MUST BE COMPLETED PRIOR TO ATTENDING ASSESSOR TRAINING**

## ASSESSOR APPLICATION

Thank you for your interest in becoming a CFA Assessor. To qualify to attend the training class and become an assessor, you must complete this application and meet the following criteria:

* **Be from an agency that is CFA accredited or is actively pursuing CFA accredited status;**
* **Have three or more years of administrative or supervisory experience (civilian or certified);**
* **Complete and maintain CJIS Online Security training;**
* **Provide documentation of a successfully completed fingerprint based background check (if requested); and**
* **Have authorization from your agency’s Chief Executive Officer.**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_\_\_

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank/Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LE \_\_\_\_\_\_ IG \_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accreditation Manager: Y N Total law enforcement/investigative experience: \_\_\_\_\_\_\_\_\_\_\_ (years)

Is your agency Accredited: Y N Is your agency in the process: Y N

Is your agency accredited by CALEA through their Advanced Law Enforcement: Y N

*I understand this commitment is voluntary. The host agency is responsible for providing lodging; per diem at the host agency’s rate; mileage, if you use a personal vehicle for transportation; and a computer, if you do not have a laptop computer available to you. Your agency is responsible for your salary.*

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

CEO/Approving Authority \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include a brief resume that includes your assignments and responsibilities throughout your investigative career.

**Complete this application and email with your resume to:**

[**flaccreditation@fdle.state.fl.us**](mailto:flaccreditation@fdle.state.fl.us)