



**Division of Criminal  
Justice Services**

**NEW YORK STATE LAW ENFORCEMENT  
ACCREDITATION PROGRAM**

**REACCREDITATION  
APPLICATION FORM**

Date of Application:

**LAW ENFORCEMENT AGENCY INFORMATION:**

Agency Name:

Address:

County:

Chief Law Enforcement Officer (CLEO):

CLEO Telephone:

CLEO Email:

Number of full-time police officers:      Number of part-time police officers:

**MUNICIPALITY (OR COMMUNITY SERVED) INFORMATION:**

Chief Elected Officer (CEO) of Municipality:

Or

<sup>1</sup>Authorized Administrator (if there is no CEO):

Title:

Address:

Telephone:

CEO Email:

***PLEASE NOTE: Since Sheriffs are countywide elected officers, obtaining the approval of the county's chief elected officer is optional.***

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<sup>1</sup> Examples of an "Authorized Administrator" are president of a university or chairman of the main legislative body if there is no CEO.



**Desire to Participate**

The \_\_\_\_\_ (name of law enforcement agency)  
hereby expresses its desire to participate in the New York State Law  
Enforcement Agency Accreditation Program and affirms that it is committed to  
earning accreditation in accordance with the requirements set forth by the New  
York State Law Enforcement Agency Accreditation Council.

\_\_\_\_\_  
Signature  
Chief Law Enforcement Officer

Date

**Executive Approval**

Approval is hereby given for the agency named above to participate in the  
New York State Law Enforcement Agency Accreditation Program.

\_\_\_\_\_  
Signature  
Chief Elected Officer  
(Or other authorized signature)

Date

This form should be returned to:

**NYS Division of Criminal Justice Services  
Office of Public Safety  
Alfred E. Smith State Office Building, 3<sup>rd</sup> Floor  
80 South Swan Street  
Albany, New York 12210  
Attention: Law Enforcement Agency Accreditation Program**

## **New York State Law Enforcement Accreditation Program**

### **ACCREDITATION REASSESSMENT AGREEMENT**

On behalf of the \_\_\_\_\_ (name of agency), I hereby request an on-site assessment pursuant to the requirements set forth by the New York State Law Enforcement Accreditation Council. In making this request, I formally certify that:

- (1) The policies and procedures needed to meet all program standards have been fully implemented and in effect for a minimum of three months.
- (2) All revisions in our agency's Policy and Procedure Manual have been distributed to appropriate personnel and an orientation of all personnel to the new procedures has been completed.
- (3) All forms or logs referred to in our agency's Policy and Procedure Manual are available for review by the assessors and have been in use for a minimum of three months.
- (4) There is a separate folder available for review for each of the program standards. Each folder contains at a minimum:
  - a. A copy of the relevant page from the Standards and Compliance Verification Manual. This page reprints the individual standard and contains a list of suggested strategies which agencies can use to demonstrate compliance;
  - b. An original Standard Compliance Report with NCR copy attached that identifies the specific ways (documentation, interviews, etc.) in which the agency can show that it has met the intent of the standard;
  - c. A copy of all departmental policies and procedures that address the standard in question: and
  - d. Supporting documentation (sample forms, job announcements, lesson plans, etc.) which clearly demonstrates that all components of the standard have been fully implemented.
- (5) The agency has done a comprehensive internal review.

Furthermore, I agree to be present and available to assess potential problems throughout the entire period of the on-site assessment. Key personnel are identified by name below

and will also be present and available during the entire period of the on-site assessment to answer any questions that the assessors may have.

Program Manager:

Training Officer:

Union Representative:

Records Clerk:

Property Officer:

Evidence Technician:

Personnel Officer:

Fiscal Officer:

(Assessors may want to interview other department personnel as well, but those listed above **must** be available).

Additionally, I have made the necessary arrangements to ensure the assessment team will have adequate work space and access to a telephone.

Should some unforeseen event occur that impacts this agreement in any way, I will contact the Office of Public Safety, Accreditation Program at once and request that the assessment be postponed until the agency is again in full compliance.

Signature of Chief Law Enforcement Officer

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Date