The Georgia Dept. of Corrections Certificate of Public Safety

A Partnership of the Georgia Association of Chiefs of Police and Columbus State University

4225 University *Avenue - Columbus GA 31907 Phone (706) 568-2190*
http://command.columbusstate.edu/

Mr. Billy Mixon
Director
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Mrs. Paige Hunt
Administrative Coordinator
hunt_paige@columbusstate.edu

Appointment Application

_____

Last Name   First Name   Middle Name   SS Number

_____

Title / Rank

_____

Agency

_____

Street Address   City   State   Zip Code

_____

Phone Number   Fax Number

_____

E- Mail

Years of law enforcement experience _____

Years in supervisory positions _____

Educational Level:

_____ 60 Semester Hours \ 90 Quarter Hours

_____ Bachelor's degree   _____ Graduate Degree

Training:

____ FBI National Academy   _____ Northwestern Traffic and Administrators Course

____ Southern Police Institute   _____ POST Executive Development Course

____ Other:

In addition to the Appointment Application, you are required to submit a resume, a working transcript from the institution(s) of higher education that you have attended, a written statement outlining your career goals, a letter of recommendation and a completed nomination form.

_____

Signature of Applicant   **Date**

NOMINATION

TO ATTEND THE **G**EORGIA **L**AW **E**NFORCEMENT **C**OMMAND **C**OLLEGE

The Command College is an advanced program of study focusing on developing leadership and management skills in the field of law enforcement. The program will require at least 480 hours of classroom study divided into seven (7) modules extending over a period of approximately two (2) years with significant out-of-class assignments, to include an independent research paper.

<u>**Nominee:**</u>

_____

Last Name   First Name   Middle Name   SS Number

_____

Title / Position   Organization / Agency

_____

Agency Address   Phone Number

<u>**Nominated By:**</u>

_____

Last Name   First Name   Middle Name

_____

Title Position   Organization / Agency

I hereby nominate _____

                                        Name of Nominee

of the   _____

                                        Name of Organization or Agency

to attend the Georgia Law Enforcement Command College.

_____

                    Signature of Nominator   Date

MAIL TO: **T**HE **G**EORGIA **L**AW **E**NFORCEMENT
            COMMAND **C**OLLEGE
            Columbus State University
            4225 University Avenue
            Columbus, GA   31907-5645
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