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| SP 8-130 (6-2022)  **PENNSYLVANIA STATE POLICE**    **APPLICATION FOR**  **ENROLLMENT IN**  **STATE POLICE TRAINING COURSE** | | **(FOR OFFICIAL USE ONLY)**  **DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **B. COURSE INFORMATION (SELECT ONE LOCATION ONLY)**  **STATE POLICE ACADEMY (ACADEMY)**  175 EAST HERSHEYPARK DRIVE, HERSHEY, PA 17033  PHONE: 717-533-9111  **SOUTHWEST TRAINING CENTER (SWTC)**  2900 SEMINARY DRIVE, GREENSBURG, PA 15601  PHONE: 724-832-5250  **NORTHWEST TRAINING CENTER (NWTC)**  195 VALLEY VIEW DRIVE, MEADVILLE, PA 16335  PHONE: 814-332-6888  **NORTHEAST TRAINING CENTER (NETC)**  2001 SOUTH VALLEY PARKWAY, WILKES-BARRE, PA 18706  PHONE: 570-821-5584  **SOUTHEAST TRAINING CENTER (SETC)**  2071-B CRESSMAN ROAD, SCHWENKSVILLE, PA 19473  PHONE: 610-584-8633  **DRIVER TRAINING CENTER**  429 AWOL ROAD, JONESTOWN, PA 17038  PHONE: 717-861-3875  **OTHER:** | | |
| **A. APPLICANT INFORMATION (TYPE OR PRINT)** | |
| 1. NAME: |  |
| 2.  MALE  FEMALE | |
| 3. RANK: | |
| 4. PA STATE EMPLOYEE NO.: |  |
| 5. MPOETC CERTIFICATION NO.: | |
| 6. OTHER AGENCY ID NO.: | |
| 7. WORK TELEPHONE NO.: | |
| 8. APPLICANT EMAIL ADDRESS: | |
| 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE | | 10. COURSE TITLE: | | |
|  | |  |
| 11. DATE(S) OF TRAINING COURSE  FROM:       TO: | | |
|  | |  |
|  | |  | | |
| **C. MUNICIPAL POLICE AND OTHER CRIMINAL JUSTICE AGENCIES ONLY** | | | | |
| 12. NAME OF CURRENT EMPLOYING AGENCY/DEPARTMENT: | | | | |
| 13. ADDRESS OF AGENCY/DEPARTMENT (INCLUDE COUNTY): | | | | |
| 14. NAME OF CHIEF/AGENCY HEAD TO RECEIVE OFFICIAL NOTICE: | | | | |
| 15. ADDRESS FOR OFFICIAL CORRESPONDENCE TO BE MAILED: | | | | |
| 16. CHIEF/AGENCY HEAD EMAIL ADDRESS FOR OFFICIAL CORRESPONDENCE TO BE SENT: | | | | |
| I certify that the above-listed applicant is employed by this agency/department, and recommend their acceptance as a student. | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_** | | | | |
| SIGNATURE - CHIEF OR HEAD OF AGENCY/DEPARTMENT DATE |  | | **PRINT NAME** | |
| D. PENNSYLVANIA STATE POLICE USE ONLY | | | | |
|  | | | | |
| 17. TROOP/BUREAU/OFFICE LOCATION: | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **SIGNATURE - TROOP COMMANDER OR BUREAU/OFFICE DIRECTOR DATE** | | | | |
| **EMAIL A SCANNED COPY OF THE COMPLETED APPLICATION TO THE PENNSYLVANIA  STATE POLICE ACADEMY AT** [**ra-psptrainingandeducation@pa.gov**](mailto:ra-psptrainingandeducation@pa.gov)**.** | | | | |

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR ENROLLMENT IN**

**PENNSYLVANIA STATE POLICE TRAINING COURSES**

**GENERAL**

1. READ THE APPLICATION CAREFULLY. ENSURE EACH APPLICABLE BLOCK OR QUESTION IS COMPLETED BEFORE YOU SUBMIT THE APPLICATION.
2. TYPE OR PRINT IN INK. IF MORE SPACE IS NEEDED, USE AN ADDITIONAL 8 ½” X 11” SHEET OF PAPER.
3. THE APPLICATION FOR ENROLLMENT IN STATE POLICE TRAINING COURSE SHALL BE SUBMITTED AND RECEIVED NO LESS THAN 30 DAYS IN ADVANCE OF THE SCHEDULED COURSE. (NO LESS THAN 10 DAYS FOR MPOETC/ACT 120 TRAINING.)

**WHO MAY APPLY**

REFER TO THE PENNSYLVANIA STATE POLICE TRAINING CALENDAR, COURSE DESCRIPTIONS, FOR REGISTRATION RESTRICTIONS.

**SECTION “A” - APPLICANT INFORMATION**

1. LIST THE APPLICANT’S FULL NAME AND COMPLETE ALL OTHER STUDENT INFORMATION AS REQUESTED.
2. BLOCK 4 - PSP PERSONNEL AND OTHER COMMONWEALTH EMPLOYEES SHALL ENTER THEIR EMPLOYEE NUMBER.
3. BLOCK 5 – MUNICIPAL POLICE OFFICERS SHALL ENTER THEIR MPOETC CERTIFICATION NUMBER.
4. BLOCK 6 – ALL OTHER AGENCIES SHALL ENTER THEIR AGENCY IDENTIFICATION NUMBER.

**SECTION “B” - COURSE INFORMATION**

COMPLETE SECTION “B,” BLOCKS 10 AND 11, USING A CURRENT PENNSYLVANIA STATE POLICE TRAINING CALENDAR OR THE COURSE ANNOUNCEMENT.

1. SECTION B - SELECT ONE LOCATION ONLY.
2. BLOCK 10 - INSERT THE EXACT TITLE OF THE COURSE FROM THE TRAINING CALENDAR OR COURSE ANNOUNCEMENT.
3. BLOCK 11 - INSERT BEGINNING AND ENDING DATE(S) OF THE TRAINING COURSE.

**SECTION “C” - MUNICIPAL POLICE AND OTHER CRIMINAL JUSTICE AGENCIES ONLY**

COMPLETE ALL BLOCKS AS REQUIRED. THE PRINTED NAME MUST APPEAR FOR EACH SIGNATURE.

**SECTION “D” - FOR PENNSYLVANIA STATE POLICE USE ONLY**

ALL STATE POLICE PERSONNEL SHALL COMPLETE BLOCK 17, INCLUDING TROOP/BUREAU/OFFICE INFORMATION. THE SIGNATURE OF THE TROOP COMMANDER OR BUREAU/OFFICE DIRECTOR IS REQUIRED.

**EMAIL A SCANNED COPY OF THE COMPLETED APPLICATION TO THE PENNSYLVANIA   
STATE POLICE ACADEMY AT** [**ra-psptrainingandeducation@pa.gov**](mailto:ra-psptrainingandeducation@pa.gov)**.**