



## **Supervisor Training and Education Program Application**

***Law Enforcement Foundation*** STEP is intended for sworn police or sheriff first-line supervisors who are newly promoted or about to be promoted and employed full-time as a law enforcement officer.

# Instructions

Provide all information requested on the attached Admission Application. An application with unanswered questions will not be considered.

The Statement of Nomination is to be completed by the Chief Executive Officer of your agency or an upper-command staff member. The Statement of Nominations must be received before an application will be considered.

## Selection Criteria

STEP is intended for sworn police or sheriff first-line supervisors who are newly promoted or about to be promoted and employed full-time as a law enforcement officer.

**Applications are accepted on a first-to-apply, first-to-be-considered basis.**

Admission preferences will be given to persons:

1. Recently promoted sergeants and/or first-line supervisors, [i.e., within one year]
2. Prospective sergeants with the promotion date set [in the coming twelve months]
3. Sergeants who have been in the position [for greater than a year]
4. Non-sworn staff who were recently promoted, [i.e., within one year]
5. Non-sworn staff with a promotion date set [within the coming twelve months]
6. Non-sworn staff who have been in the supervisory position [for greater than a year]
7. Interested officers with no promotion date noted, but have a supervisor's recommendation accompanied by a sign-off by the chief
  - a. Note: Interested officers will need to have a supervisor's recommendation with a sign-off by the chief to even be considered.
8. The STEP application document will be revised to state the above priority ranking for accepting applications. Note: if a lower-ranking application is placed on hold, it will be approved, if 45 days prior to the start of class, there are still openings.

## Tuition, Dates, and Location

The student tuition charged to local law enforcement agencies is \$2,250 beginning with the Fall 2026 class. Participants will also need to cover costs for lodging, breakfast, and dinner.

**Embassy Suites Dublin  
5100 Upper Metro Place  
Dublin, OH 43017  
614-790-9000**

Please email or fax the completed application and direct questions to:

Law Enforcement Foundation  
ATTN: Renea Collins  
6277 Riverside Dr. #1S  
Dublin, OH 43017  
614-761-9479  
614-761-9509 fax  
[renea.collins@oacp.org](mailto:renea.collins@oacp.org)

| LEF use only   |  |
|----------------|--|
| Date Received: |  |
| Class Number:  |  |
| STEP Meeting:  |  |

## STEP Application

### Application Deadlines:

Spring - January 15

Fall - July 15

### **Indicate STEP Class preferences:**

*The modules are presented throughout three one-week sessions held in the Spring and Fall (13 total days).*

*To complete the STEP program, you must attend all three weeks of the same class.*

**1st STEP #** \_\_\_\_\_

**2<sup>nd</sup> STEP #** \_\_\_\_\_

**3<sup>rd</sup> STEP #** \_\_\_\_\_

**4<sup>th</sup> STEP #** \_\_\_\_\_

## **Applicant Information**

Rank, First Name & Last Name:

Name for Nametag:

County:

Department:

Address:

City:

State:

Zip:

Phone:

Fax:

Cell phone (Internal use for emergencies):

Email:

Total Sworn Personnel:

Total Employees:

Size of Community:

Applicant's **total** years  
in law enforcement:

\*Length of time  
at the department:

\*Previous rank:

## **Job Assignment Information**

Date Promoted or to be promoted:

Name of Direct Supervisor:

Phone:

E-mail:

New Assignment (include rank and responsibilities):

Last Job Assignment:

## **Formal Education & Supervisor Training**

**Education:** Provide information about post-high school education that you have accomplished

**Training:** Provide information about **supervisory, management, or leadership training** you have completed

### **Education**

1<sup>st</sup> Institution or Presented by:

Course of Study or Program Name:

Type of Degree/Certificate Received:

Hours Completed:

Date Completed:

2<sup>nd</sup> Institution or Presented by:

Course of Study or Program Name:

Type of Degree/Certificate Received:

Hours Completed:

Date Completed:

### **Formal Training**

1<sup>st</sup> Institution or Presented by:

Course of Study or Program Name:

Type of Degree/Certificate Received:

Hours Completed:

Date Completed:

2<sup>nd</sup> Institution or Presented by:

Course of Study or Program Name:

Type of Degree/Certificate Received:

Hours Completed:

Date Completed:

## Questions

(Answer the following questions in complete sentences, spell check, and write legibly)

1. What impact do you look for STEP to have on your supervisory career?

2. What three questions would you like to have answered during STEP?

a.

b.

c.

3. What do you believe is your strongest attribute or competency that will help you become a successful first-line supervisor?

4. Which personal attribute or competence do you feel needs the most development to become a successful first-line supervisor?

## **Applicant's Statement of Commitment**

"I understand that if I am selected to attend the Supervisor Training and Education Program, I will be involved in an educational program that will require a commitment of my time and energy and a dedication toward excellence."

"I agree to personally complete all homework assignments and projects required for the Supervisor Training and Education Program by the assigned due dates. They will be my own independent, original work."

"I understand that if I do not attend the scheduled program and complete the required projects and assignments, I will be dropped from the program, and my department may not be reimbursed for the tuition costs."

"I have read and understand the Expectations for Successful Completion of STEP and agree to fulfill them."

Applicant's Signature:

Date:

# Statement of Nomination

**All applicants must have a statement of nomination from the Chief Executive Officer of your agency or an upper-command staff member.** Note to Nominator: If the candidate has not been promoted to a first-line supervisor, explain why the candidate is being nominated.

|                                |      |
|--------------------------------|------|
|                                |      |
| Nominator Signature            | Date |
| Nominator Name & Title PRINTED |      |
| Nominator's Email              |      |