Texas Police Chiefs Association

ACCREDITED AGENCY PROGRAM APPLICATION

_____ Initial Accreditation _____ Re-Accreditation

Name of Agency: _____ Agency Head:_____

Address: _____ City: _____ Zip: _____

Email: _____ Direct Phone: _____

Is agency head's ***REQUIRED*** **TPCA Membership** current? Yes ___No___ ***If "No," please visit TPCA website to join.***

Program Manager: _____ Email: _____

Direct Phone: _____ TPCA Region: _____ find your region at www.tml.org/234/Map-Officers

Sworn Officers: _____ # Non-Sworn Officers: _____ # Total Personnel: _____

CALEA Accredited? Yes _____ No _____ Use TML Risk Pool for Liability or WC? Yes ____ No ____

Has the Agency Head attended the required Training in person or online? ____Yes _____ No

Has the Agency Program Manager attended the required Training in person or online? ____Yes _____ No

After reviewing the Best Business Practices, how many months do you anticipate needing to comply with the standards? _____ *(24 months maximum allowed)*

Initial Accreditation: Agencies are required to submit initial accreditation files through the TPCAF electronic file submission process. We will provide a log-in ID and password. Any exceptions to this requirement must be pre-approved by the Program Director. _____ (Initials)

Re-accreditation: Agencies are required to conduct a full file review of all standards using the accreditation program file system. If your agency also uses policy management software, please contact the program director for additional information. _____ (Initials)

A $500.00 application fee is required ***ONLY on initial applications*** *and must be received before processing can begin.* _____ (Initials) Please indicate payment type: Mailed check_____ Credit Card_____

Link to pay online by credit card can be requested by emailing: *eheine@texaspolicehiefs.org*

_____

Agency Head's Signature Date

******ALL fields above MUST be completed.******

Please e-mail completed application to: rpdirector@texaspolicechiefs.org

Mailed applications and checks can be sent to:
TPCA Foundation
PO Box 1030
Elgin, TX 78621
Main Office: (512) 281-5400 or (877) 776-5423

TPCA Office Use Only

Membership Verified: _____

Application Fee

Date Received: _____

_____CC Check #_____

TMLIRP Application? Y N