



STATE OF NEVADA
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
 5587 Wa Pai Shone Avenue Carson City, Nevada 89701
 (775) 687-7678 Fax (775) 687-4911
POST LEADERSHIP INSTITUTE APPLICATION

Applicant: _____
 (Last, First, Middle)

Rank: _____ # Of Years in Rank: _____ # Of Years of Experience: _____

Email Address: _____ Phone: _____

POST ID#: _____ Date of Hire: _____ Highest Grade/Education Completed _____

Agency Name: _____

Agency Address: _____
 (City, State, Zip)

Agency Contact: _____ Agency Contact Phone: _____

Agency Contact Email: _____

IMPORTANT INFORMATION – PLEASE READ
Please initial and acknowledge the following statements

Attendance Requirements:

- Volunteers or requests to attend
- Agrees to remain employed in law enforcement for three (3) years after completion
- Currently serves as a full-time, first-level supervisory peace officer (generally the position of Sergeant) or higher
- Has completed two (2) years of full-time experience supervising peace officer employees
- Has completed the POST First Line Supervisor Course or possesses a POST Supervisory Certificate

➤ _____ I have read and understand the attendance requirements above.
 (Initial)

The PLIP consists of 4 separate sessions held approximately every four weeks in 2 or 3 day blocks for a total of 80 in-class hours. Students are expected to attend all sessions and absences are only granted/excused under extreme circumstances. Evening social activities are strongly encouraged.

➤ _____ I have read and understand the lodging and absence statement above.
 (Initial)

A considerable amount of reading and writing is required between sessions on the student’s own time. There are 3 course books required to be purchased at the agency/student’s expense. Students must be prepared to discuss the readings and take part in all learning activities as well as actively participate in classroom discussions. A final team project is completed in session four.

➤ _____ I have read and understand the course requirements above.
 (Initial)

Signature of Applicant: _____ Date: _____

Signature of Supervisor: _____ Rank: _____ Date: _____

Email this completed form to Mike Hayhurst at mhayhurst@post.state.nv.us