



**CAREER-LEVEL  
CERTIFICATION  
APPLICATION**

WASHINGTON STATE CRIMINAL JUSTICE TRAINING COMMISSION  
19010 1ST AVENUE S. BURIEN, WA 98148  
(206) 835-7300

**PLEASE TYPE OR PRINT CLEARLY. DO NOT ABBREVIATE.**

To apply for Career-Level Certification, please complete all of the following information, and be sure to enclose all necessary documentation including an **Agency Organizational Chart**.

**ALL APPLICATIONS MUST BE SIGNED, SCANNED AND SUBMITTED VIA EMAIL to:**  
[registrar@cjtc.state.wa.us](mailto:registrar@cjtc.state.wa.us)

Incomplete applications will be returned without processing.

<b>(Last)</b>	<b>(First)</b>	<b>(MI)</b>
<b>Social Security Number (Last 5 Digits)</b>	<b>Current Rank or Title</b>	<b>Promotion Date</b> __/__/__
<b>Agency Name</b>	<b>Agency Phone Number</b>	
<b>Agency Mailing Address</b>	<b>City</b>	<b>State</b> <b>Zip</b>

**CERTIFICATION REQUESTED**

First Level Supervision – WAC 139-25-110 (1)(a)

**NOTE: Please carefully review WAC 139-25-110 to make sure you meet the requirements for the certification for which you are applying.**

**CRIMINAL JUSTICE WORK EXPERIENCE**

<b>Agency</b>	<b>Dates</b>	<b>Rank/Position</b>

<b>FOR COMMISSION USE ONLY</b>	<b>Received:</b> __/__/__
	<b>Approved</b> <b>Not Approved</b>
	<b>Entered</b> _____ <b>Letter/Cert</b> _____
	<b>Mailed</b> __/__/__

**CORE COURSES/CERTIFICATION COMPLETED**

(Applicant must provide certificates of completion, agency training record or CJTC's training record) Training must have been completed within 4 years of this application being submitted. Skills, knowledge and abilities for each competency are listed in detail on page 3 of this application.

**CERTIFICATION**

First Level Supervision

Date Completed: \_\_\_\_\_

**PLANNING AND MANAGEMENT**

Course Title:	
Hours:	Date Completed:

**COMMITMENT TO SAFETY**

Course Title:	
Hours:	Date Completed:

**COMMUNICATIONS**

Course Title:	
Hours:	Date Completed:

**ETHICS AND INTEGRITY**

Course Title:	
Hours:	Date Completed:

**CRITICAL THINKING AND  
PROBLEM SOLVING**

Course Title:	
Hours:	Date Completed:

**LEADERSHIP**

Course Title:	
Hours:	Date Completed:

**INTERPERSONAL SKILLS**

Course Title:	
Hours:	Date Completed:

**SERVICE ORIENTATION**

Course Title:	
Hours:	Date Completed:

<b>Planning and Management</b>	<ul style="list-style-type: none"> <li>• Developing action plans</li> <li>• Measuring performance</li> <li>• Problem solving</li> </ul>	<ul style="list-style-type: none"> <li>• Setting Priorities</li> <li>• Establishing obtainable goals</li> <li>• Identifying and obtaining resources</li> </ul>
<b>Commitment to Safety</b>	<ul style="list-style-type: none"> <li>• Community safety</li> <li>• Interagency cooperation</li> <li>• Managing critical incidents</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting safe work environments</li> <li>• Liabilities and risk</li> <li>• Physical and mental fitness</li> </ul>
<b>Communications</b>	<ul style="list-style-type: none"> <li>• Oral and written communications</li> <li>• Listening skills</li> <li>• Promoting open/respectful dialogue</li> <li>• Public speaking/oral presentations</li> </ul>	<ul style="list-style-type: none"> <li>• Interactive communications</li> <li>• Ensuring quality written documents</li> <li>• Managing meetings effectively</li> <li>• Dealing with the media</li> </ul>
<b>Ethics and Integrity</b>	<ul style="list-style-type: none"> <li>• Leading by example</li> <li>• Discretion</li> <li>• Treating others with respect/dignity</li> </ul>	<ul style="list-style-type: none"> <li>• Internal and external relationships</li> <li>• Holding yourself/others accountable</li> <li>• Internal investigations</li> </ul>
<b>Critical Thinking and Problem Solving</b>	<ul style="list-style-type: none"> <li>• Incident command for supervisors</li> <li>• Justifying your decisions</li> <li>• Overcoming problems/difficult situations</li> </ul>	<ul style="list-style-type: none"> <li>• Self reflection/critical reexamination of yourself</li> <li>• Supervising critical incidents</li> <li>• Involving others in decision making</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>• Ensuring compliance with policies/procedures</li> <li>• Partnerships</li> <li>• Inspiring, motivating &amp; mentoring others</li> <li>• Responsibility as a supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling</li> <li>• Documenting employee performance</li> <li>• Coaching and counseling</li> <li>• Leading and accepting change</li> <li>• Promoting a quality work product</li> </ul>
<b>Interpersonal Skills</b>	<ul style="list-style-type: none"> <li>• Resolving issues through negotiation and consensus</li> <li>• Effective conflict resolution</li> </ul>	<ul style="list-style-type: none"> <li>• Dignity, respect and fairness</li> <li>• Relating well to others</li> </ul>
<b>Service Orientation</b>	<ul style="list-style-type: none"> <li>• Building strong customer relationships</li> <li>• Identifying/delivering quality service</li> <li>• Understanding perception</li> <li>• Community relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Making yourself accessible to your community</li> <li>• Identify and use community resources</li> <li>• Knowing and understanding the political environment</li> </ul>

**Applicant for Elective Training Hours:** I affirm that the above information is true and correct. I understand that falsification of information on this document is a violation under RCW 43.101.105 (b) and may constitute action to revoke my peace officer certification.

---

Print Name of Applicant

Signature

Date

**Applicant's Agency Head:** I affirm the above information is true and correct. I understand that falsification of information on this document is a violation under RCW 43.101.105 (b) and may constitute action to revoke my peace officer certification.

---

Print Name of Agency Head

Signature

Date