



WITCC Regional Law Enforcement Training Academy

To All Iowa Law Enforcement Agencies:

■
Western Iowa Tech
Community College
4647 Stone Avenue
P.O. Box 5199
Sioux City, IA 51102-5199
712-274-6400
800-352-4649
Fax: 712-274-6412
www.witcc.edu

■
Cherokee Campus
& Conference Center
Denison Campus
Le Mars Center
Mapleton Center
Sioux City Campus

At the Iowa Law Enforcement Academy Council meeting on June 1st, the council voted to approve the Basic Level II certification class (short course) that will be offered by the Western Iowa Tech Community College Regional Law Enforcement Academy.

Class #027 will commence September 11, 2017 and finishes on November 3rd, 2017. Physical agility testing will occur on the campus in (gymnasium/Fitness center area. Use Lot # 3 and Entrance # 12) **August 7th at 10:00AM.**

Entrance requirements: All officers attending must have a 2 or 4 year degree in Police Science or Criminal Justice to be eligible for the short course as described in the administrative rules. Officers who have completed law enforcement training in another state commensurate with basic training required in Iowa and be able to provide verification of same are also eligible. Officers must meet the minimum hiring standards for entry into the academy. Out of state degrees are accepted for hired officers. Sponsored civilians must comply with 501-3.12(80B) through 501-3.12(6) (80B)

Tuition: Approximately \$3190.00.

Ammunition: Students are required to furnish handgun and shotgun ammunition.

1000 rounds of handgun ammunition; 40 buckshot and 100 slugs. Wadcutters and hollowpoints cannot be used in the indoor range. Also indoor range requirements restrict caliber sizes to 9mm, 40, 45s. Please contact the director for approval of a caliber not listed.

Students are asked to bring a box of Simunition rounds or a check for \$50 payable to the Woodbury County Sheriff's Reserves.

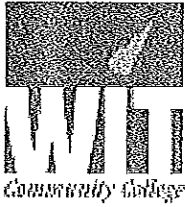
Housing: Lodging may be available at the Western Iowa Tech Community College apartments, located on the campus. Cooking appliances are located in the WITCC apartments. Call the housing director at 712-274-6417 to check on availability. There are also numerous motels within a short distance. **Meals:** Morning, noon and evening meals are available at the WITCC campus, and there are also numerous restaurants within a short distance. Call 712-274-6400 ext 1299 about meal plan availability.

Semester credit: This course is being offered through the Police Science Department and successful completion will result in the award of fifteen (15) semester credits and a "Law Enforcement" Diploma This course is also accredited by the Veterans and Military Education for veterans/reservists benefits. Please submit a college transcript with your application.

The course number for registration is: CRJ310. Inquiries: Please direct all questions to:

Steven W. Ebsen
Director: WITCC Regional Law Enforcement Academy
The Security Institute: <http://www.the-security-institute.org/>
712-274-8733 Ext. 1232 (direct dial) Leave number for return call.
1-800-352-4649 (toll free)

Steve.ebsen@witcc.edu (email) Preferred.



WESTERN IOWA TECH COMMUNITY COLLEGE
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 Sioux City, Iowa 51102-5199
 (712) 274-6400
 1-800-352-4649
 www.witcc.edu

Application for Admission

- Return the Application for Admission ~~with a \$20 non-refundable fee. This fee is required only the first time you apply.~~
- Request an official high school transcript (or G.E.D.) be sent directly to the Admissions Office if you are a diploma or degree seeking student.

PERSONAL INFORMATION

Legal Name _____
 Last First Middle Initial

Previous Name(s) _____
 Last First M.I.

Home Address _____
 Number & Street Apt. No. City State Zip

Home Phone Number _____ Other Phone Number _____

E-mail Address _____

Mailing Address While Enrolled at WITCC
 (if different than home address) _____
 Number & Street Apt. No. City State Zip

Phone Number While Attending WITCC _____

Social Security Number _____

Birth Date: _____ Gender: Male Female
 Month Day Year

Citizenship: U.S. Other (if other, type of visa: _____)

Resident of Iowa for the past 90 days or more: Yes No

EDUCATIONAL PLANS

Check the semester you plan to start at WITCC: Fall, 20 17 Spring, 20 _____ Summer, 20 _____

Where do you plan to take classes?
 Sioux City Cherokee Denison Mapleton Le Mars

Major or Program of Study Law Enforcement Diploma

Do you plan to attend:
 Full-time (12 or more credit hours) Part-time (less than 12 credit hours)

Do you plan to earn:
 2-year Associate Degree 1-year Diploma Short Term Program of Study Certificate Not Applicable or Undeclared

Reason for attending WITCC (Please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Prepare to enter the job market | <input type="checkbox"/> Transfer to another college/university |
| <input type="checkbox"/> Prepare to change careers | <input type="checkbox"/> Explore courses to decide on a career |
| <input type="checkbox"/> Improve skills for present job | <input type="checkbox"/> Self Improvement/Improve basic skills |
| <input checked="" type="checkbox"/> Meet certification/licensure requirements (other than for initial job entry) | <input type="checkbox"/> Personal interest |
| | <input type="checkbox"/> Undecided/unknown |

EDUCATIONAL BACKGROUND

| | |
|--|--|
| High School last attended | If not a high school graduate, have you earned the GED Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Year GED earned _____ Where did you earn your GED? _____ _____ |
| City State | |
| Date of graduation or when you expect to graduate (Month/Year) | |
| If not graduated, withdrawal date (Month/Year) | |

An official high school transcript showing date of graduation or a GED certificate is required before acceptance as a degree/diploma seeking student. If you are a high school senior, submit a complete transcript with first marking period grades.

Post-Secondary Education or Training

Have you attended WITCC before? Yes No Credit Non-Credit

If yes, dates attended _____ degree earned _____

Indicate below all other colleges or universities attended. IF NONE, WRITE "NONE."

| Name | State | Dates Attended | Degree Earned |
|------|-------|----------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

If you wish to have previous college work evaluated for transfer to WITCC, submit an official college transcript and complete a Transfer/Credit for Prior Learning Form.

ADDITIONAL INFORMATION

The following information is optional and is used for statistical and federal reports. It is not used to determine acceptance to WITCC.

Ethnicity: American Indian/Alaskan Native Asian/Pacific Islander Black
 Hispanic (Spanish) White Non-Hispanic Prefer not to indicate

Primary Language: English Spanish Vietnamese Chinese Other _____
 (please specify)

Are you a U.S. Veteran or eligible for military benefits? Yes No

I certify that the information submitted in this application is complete and accurate, and I agree to abide by the policies and regulations of Western Iowa Tech Community College.

Signature of Applicant _____

Date _____

In accordance with Title IX of the Educational Amendments of 1972, Section 504 of the Vocational Rehabilitation Act of 1973, Title VI and VII of the Civil Rights Act of 1964, and Americans With Disabilities Act (ADA) of 1990, Western Iowa Tech Community College does not discriminate on the basis of disability, sex, race, color, religion, or national origin in its educational programs, activities, admission procedures, or employment practices.



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services

Class Schedule Form-Fall 17

Please Print.

Legal Name _____
Last First M.I.

Soc. Sec. # _____ Home Phone #(____) _____ Day Phone #(____) _____

Permanent Address _____
Street City State Zip

Address While Attending WITCC _____
Street City State Zip

LIST ACADEMIC PROGRAM:

| Course # | Section | Course Title | Days | Dates | Time | Credits |
|----------|---------|-------------------|------|------------------|-----------|---------|
| CRJ 310 | 01 | ILEA Short Course | M-F | 9/11/17-11/03/17 | 0800-2200 | 15 |
| | | | | | | |

Total Credits 15

Directory Information

In accordance with the Family Education Rights and Privacy Act of 1974 and amendments thereto, WITCC considers the following information as public information and will release such information without your consent: Name, Address, Telephone Number, Field of Study, Date of Attendance, Degree and Awards Received, and Educational Institutions Attended. If you do not wish this information released, contact the Enrollment Services Office for a Directory information Form. Directory information will not be withheld from law enforcement officials.

I understand this registration form becomes part of my official file at WITCC and creates a legal obligation on my part to pay required tuition and fees. I have read and agree to abide by the rules and regulations governing registration as published in the current Schedule of Classes.

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

| |
|---|
| <p>Office Use Only</p> <p>1. Address Change: _____</p> <p>2. Program Change: _____</p> <p>Registration Initials and Date: _____</p> |
|---|

(If Program change, LIST NEW PROGRAM: _____, and NEW ADVISOR: _____.)

EDUCATIONAL GOAL (Choose 1)

Do you intend to graduate from WIT?

Graduate from WITCC GRD

What degree are you pursuing?

Police Academy Training (Law Enforcement Diploma)

If you do not intend to graduate from WIT, please choose from the list below.

Do you intend to transfer to another institution?

Transfer to Another TRF

Are your educational goals for self-improvement?

Self Improvement/Basics BAS

Are your educational goals to meet license/certification requirements?

Meet License/Cert LIC

Other

Not Available

If NA, Explain:

REQUEST FOR RELEASE OF ENROLLMENT INFORMATION

I, _____, request WITCC's Registration
(Print Name)
Center to release my enrollment information

To: _____
Agency Name

Street Address

City State Zip

PLEASE NOTE
If this is for a parent's insurance, we need the name of the policy holder and policy holder's social security number.

For _____ Fall Term _____ Spring Term _____ Summer Term _____ All Terms

Check one:

_____ Registration Center should mail this information.

_____ I will pick this information at the Front Desk

on _____.

If my file is marked to not release information (Family Privacy Act of 1974), please release information to the above mentioned this time only.

Student Signature

Social Security Number

Today's Date

DO NOT WRITE BELOW - FOR OPERATOR TO COMPLETE

Hours: _____

Semester(s): _____

Program: _____

Operator's Initials _____