



Texas Police Chiefs Association
ACCREDITED AGENCY
PROGRAM
APPLICATION FOR ACCREDITATION

___ Initial Accreditation ___ Re-Accreditation

Name of Department: _____

Address: _____ City: _____ Zip: _____

Police Chief: _____ Email: _____

Phone: _____ Fax: _____

Program Manager: _____ Direct Phone: _____

Program Manager Email: _____

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

TPCA Member: Yes ___ No ___ TPCA Region: ___ to find your region please go to <https://www.tml.org/234/Map-Officers>

CALEA Accredited: Yes ___ No ___ Use TML Risk Pool for Liability or WC? Yes ___ No ___

Has the Chief attended the required Training in person or online? ___ Yes ___ No

Has 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: Your agency is 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)

 Police Chief's Signature

Date _____

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

Texas Police Chiefs Association
Accredited Agency Program
Main Office: (512) 281-5400 - Toll Free (877) 776-5423