

North Carolina Law Enforcement Accreditation (NCLEA) Self-Assessment Agreement

Email	Work Number	Cellphone Number
Please provide Authorizing Official's cont	act information:	
Email	Work Number	Cellphone Number
Please provide agency Chief Executive Of	ficer contact information:	
Is your agency accredited by another acc	rediting body, if so which?	·
Will your agency utilize PowerDMS or bu	ild files per NCLEA set star	ndards:
Estimated dates for file review and on-sit	te visit:	
Agencies are allowed up to 24 months to application. Estimated time frame for self-assessmen		
Agency CEO Phone		
Agency CEO Email		
Agency Chief Executive Officer (CEO)		
Agency AM Phone		
Agency AM Email		
Agency Accreditation Manager (AM)		
Agency Physical Address		
Agency Mailing Address		
Agency Name		



North Carolina Law Enforcement Accreditation (NCLEA) Self-Assessment Agreement

Please share your Agency's strengths and challenges in pursing accreditation.				
Agency Chief Executive Officer Signature	 Date	-		
, ,				
Authorizing Official Signature	Date	-		
Please return completed application to NCLEA Progran	n Director			

Please return completed application to NCLEA Program Director PO Box Drawer 149, Raleigh, NC 27602