

**NEW HAMPSHIRE LAW ENFORCEMENT
ACCREDITATION COMMISSION**

c/o New Hampshire Police Standards and Training

Council 17 Institute Drive, Concord, NH 03301

603-271-2133

www.pstc.nh.gov/accreditation



**NEW HAMPSHIRE LAW ENFORCEMENT
ACCREDITATION PROGRAM**

Enrollment Application for FY2024

PART I. AGENCY INFORMATION

Agency

Agency Name: _____

Street Address: _____

Mailing Address: _____
(If different than above)

Telephone: _____ County: _____

Number of Full-time Police Officers: _____ Number of Part-Time Police Officers: _____

Chief Executive Officer

Chief Executive Officer: _____
(Name and Title)

Telephone: _____ Fax: _____

E-Mail Address: _____

Accreditation Manager

Accreditation Manager: _____
(Name and Title)

Telephone: _____ Fax: _____

E-Mail Address: _____

PART II. ELIGIBILITY STATEMENT AND LEGAL BASIS

ELIGIBILITY STATEMENT: Authorized entities within the State of New Hampshire having mandated responsibilities to enforce laws and having personnel with general or special law enforcement powers are eligible to participate in the accreditation program of the New Hampshire Law Enforcement Accreditation Commission. These entities include, but are not limited to, municipal, county, state and specialized law enforcement agencies (university, etc.). Please indicate your agency type below:

Municipal State County Specialized: _____

PART III. INVOICE/AGENCY PARTICIPATION FEE FOR ACCREDITATION

There is no fee for participating in the New Hampshire Law Enforcement Accreditaion Program through fiscal 2025 (June 30, 2025).

Please forward this application to the following address:

*New Hampshire Law Enforcement Accreditation Commission
c/o New Hampshire Police Standards and Training Council
17 Institute Drive
Concord, New Hampshire 03301*

As a condition of enrollment, agencies are required to use the PowerDMS PowerStandards software for standards management. Costs associated with the use of this software are tiered, \$550 annually for agencies with 50 employees or less, \$650 annually for agencies with over 50 employees. Agencies will be billed directly by PowerDMS AFTER enrollment.

PART IV. AFFIRMATION

Our agency commits to working with the Commission toward accreditation. It is a non-adversarial, cooperative relationship. We agree to provide the Commission with all required documentation concerning our agency and necessary access to our agency to determine accreditation. We understand that our agency may withdraw from the process at any time upon written notice to the Commission.

For the Agency:

Signature of Chief Executive Officer

Date

Typed/Printed Name

Typed/Printed Title

For the Commission: REVIEWED AND APPROVED BY: _____

Date

Title