



JOHNSON COUNTY SHERIFF'S OFFICE

Bob Alford
Sheriff

Mike Powell
Chief Deputy

Date: October 30, 2014
To: Sheriff Bob Alford, Johnson County
From: Dr. Anna Goodloe, Training Coordinator
Re: Texas Commission on Law Enforcement (TCOLE) Contract Training Renewal

The contract training through the Texas Commission on Law Enforcement (TCOLE) is up for renewal. Attached is the completed Contract Training Renewal Application. The expense for the Contract Training through TCOLE is \$1,000.00 and must accompany the application when it is mailed to them. The Contract Training renewal is every five (5) years.

The fee must be paid by an agency check, cashier's check or money order. Please forward to the appropriate channels for payment approval and disbursement. Thank you.

Kindest Regards,
Dr. Anna Goodloe

Dr. Anna Goodloe, Ph.D.
Training Coordinator
Johnson County Sheriff's Office
1102 E. Kilpatrick St Suite #100
Cleburne, TX 76031
Work: (817) 556-6058 Ext. 255
agoodloe@johnsoncountytexas.org

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, Suite 200

Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcleose.state.tx.us>

CONTRACTUAL TRAINING RENEWAL APPLICATION

Commission Rule §215.1 and 215.5

Non-refundable \$1,000 fee must be included: Agency Check, Cashier's Check or Money Order (5522)

Type of Organization			
<input checked="" type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> Alternative Delivery Trainer		
<input type="checkbox"/> Law Enforcement Association	<input type="checkbox"/> Proprietary Entity		
Agency/Organization Name: Johnson County Sheriff's Office			TCLEOSE Agency No. 251100
Chief Administrator (individual that exercises administrative control): Bob Alford, Sheriff of Johnson County			
Mailing Address 1102 E. Kilpatrick St. #100	City/State Cleburne	Zip Code 76031	Phone No: (817) 556-6058
Street Address 1102 E. Kilpatrick St. #100	City/State Cleburne	Zip Code 76031	Fax No: (817) 556-6051
Training Coordinator Dr. Anna Goodloe	PID: 431785	E-mail: agoodloe@johnsoncountytexas.org	
Does the coordinator hold an active commission instructor license/certificate? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			Percentage of time devoted to training: 75%
Advisory Board Chair Jeff Silverman		Email info@chisholmtrailfirearms.com	
Mailing Address 344 SW Wilshire Blvd.	City/State Burleson, TX	Zip Code 76028	

An evaluation of your training program must have been conducted within the last two years of applying for a contract renewal. When was your training program last evaluated? June 2014

Category (Check box for compliance)	Commission Rule	Comply		
		Yes	No	N/A

I. Physical Site (215.5)

1.) Adequately equipped classrooms, bathrooms, break rooms, parking areas	215.3(d)(1)	X		
2.) Resources	215.3(d)(3)	X		
Reference library or sufficient number of computers	215.3(d)(5)	X		
Firing range (proprietary interest in or written contract)	215.3(d)(5)	X		
Secure Storage	215.3(d)(5)	X		
First Aid	215.3(d)(5)	X		
Safety Rules Posted	215.3(d)(5)	X		
Driving range (proprietary interest in or written contract)	215.3(d)(6)	X		
Automobile available with Em. equipment	215.3(d)(6)	X		

II. Advisory Board (215.3, 215.7)

1) Establish & maintained (meet once/calendar year) Attach copy of the most current Advisory Board Minutes.	215.5(b)(1), 215.7(a)(d)	X	
2) Membership – (minimum 3 members & 1/3 public)	215.7(b)	X	
3) Resumes' for all members (regular & ex-officio) Attach a copy of the most current list of Advisory Board Members and Bios.	215.3(b)(5)	X	
4) Chairman elected / appointed	215.7(c)	X	
5) Minutes of all meetings (kept for at least 5 years)	215.3(b)(6), 215.7(e)	X	
6) Duties: Development of Curriculum	215.7(h)	X	
Discharge responsibilities	215.7(i)(1)	X	
Advise on training needs	215.5(i)(2)	X	
Advise on course – type, frequency, location	215.7(i)(3)	X	
Class attendance, pre-requisites, size, etc.	215.7(i)(4)	X	
Advise on order of preference	215.7(i)(5)	X	
Establishment of admission standards	215.7(j)	X	

III. Training Coordinator (215.9)

1) Valid license/certificate	215.9(a)	X	
2) Full-time paid employee	215.9(a)	X	
3) Ensure compliance with commission rules	215.9(b)(1)	X	
4) Prepare, maintain & submit reports as required:	215.9(b)(2)	X	
Training reports within 30 days of completion	215.9(b)(2)(A)	X	
Quarterly training calendars	215.9(b)(3)(D)	X	
5) Course administration & conduct:	215.9(b)(3)	X	
Appoint and supervise instructors	215.9(b)(3)(A)	X	
Maintain schedules, files and lesson plans	215.9(b)(3)(B)	X	
Enforcement of admission, attendance, retention & other standards	215.9(b)(3)(C)	X	
Secure and maintain all facilities	215.9(b)(3)(D)	X	
Control discipline and demeanor	215.9(b)(3)(E)	X	
Distribution and review of commission rules	215.9(b)(3)(F)	X	
Learning objectives distributed at the beginning of each course	215.9(b)(3)(G)	X	

I, as the Chief Administrator, or designee, attest that an assessment of the above named agency/organizations training program has been conducted and documentation of proofs of compliance are on file with the above named agency/organizations training program for Commission review.

I, as the Chief Administrator, or designee, attest that the above named agency/organizations training program meets the requirements for a Contractual Training Provider as provided in Commission Rules §215.1, 215.3, 215.5, 215.7, and 215.9.

I certify that I am the Chief Administrator of the above named agency or the person designated by the chief administrator to sign this document.

I am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

Bob Alford
Chief Administrator/Designee (Type or Print)

SHERIFF
Title

[Signature]
Signature

11-24-14
Date

Anna Goodloe
Training Coordinator (Type or Print)

[Signature]
Signature