



# The Georgia Dept. of Corrections Certificate of Public Safety Program



A Partnership of the Georgia Association of Chiefs of Police and Columbus State University  
4225 University Avenue - Columbus GA 31907 Phone (706) 568-2190  
<http://command.columbusstate.edu/>

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Administrative Coordinator  
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## Appointment Application

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      SS Number

\_\_\_\_\_  
Title / Rank

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Street Address                      City                      State                      Zip Code

\_\_\_\_\_  
Phone Number                      Fax Number

\_\_\_\_\_  
E- Mail

**Years of law enforcement experience** \_\_\_\_\_

**Years in supervisory positions** \_\_\_\_\_

**Educational Level:**

\_\_\_\_\_ 60 Semester Hours \ 90 Quarter Hours

\_\_\_\_\_ Bachelor's Degree                      \_\_\_\_\_ Graduate Degree

**Training:**

\_\_\_\_ FBI National Academy                      \_\_\_\_\_ Northwestern Traffic and Administrators Course

\_\_\_\_ Southern Police Institute                      \_\_\_\_\_ POST Executive Development Course

\_\_\_\_ Other:

**In addition to the Appointment Application, you are required to submit a resume and a completed nomination form.**

\_\_\_\_\_  
Signature of Applicant                      Date

## NOMINATION

### TO ATTEND THE GEORGIA LAW ENFORCEMENT PROFESSIONAL MANAGEMENT PROGRAM

The Professional Management Program is an advanced program of study focusing on developing leadership and management skills in the field of criminal justice. The program will require at least 400 hours of classroom study divided into ten (10) modules extending over a period of approximately two (2) years.

**Nominee:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      SS Number

\_\_\_\_\_  
Title / Position    Organization / Agency

\_\_\_\_\_  
Agency Address    Phone Number

**Nominated By:**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Title Position    Organization / Agency

I hereby nominate \_\_\_\_\_  
Name of Nominee

of the \_\_\_\_\_  
Name of Organization or Agency

to attend the Georgia Law Enforcement Professional Management Program.

\_\_\_\_\_  
Signature of Nominator    Date

**MAIL TO: THE GEORGIA LAW ENFORCEMENT  
COMMAND COLLEGE  
Columbus State University  
4225 University Avenue  
Columbus, GA 31907-5645  
Phone: (706) 568-2190  
Web Site: <http://command.columbusstate.edu>**