This form is to be completed by the Accreditation Manager and submitted no later than one month after					
the completion of 6 months of self-assessment. The form MUST be signed by the Accreditation Manager					
and the Agency's CEO. All standards listed pertain to the 9 critical policies. These policies must be in place and implemented into agency practice by the end of the first 6 months of self-assessment.					
place and mp	place and implemented into agency plactice by the end of the first o months of sen-assessment.				
Agency Name	e:				
-					
Date of MOU	:				
				USE OF FORCE	
STANDARD	YES	NO		Comments or Explanation	
NUMBER					
1.9					
1.10					
1.11					
1.12					
1.13					
1.14					
1.14 a					
1.14 b					
1.14 c					
1.14 d					
1.14 e					
1.15					
1.18					
1.18 a					
1.18 b					
1.18 c					
1.20					
1.22					
1.23					

1.25			
1.25 a			
1.25 b			
1.25 c			
1.25 d			
1.25 e			
1.25 f			
			DUTY TO INTERVENE
STANDARD NUMBER	YES	NO	Comments or Explanation
1.21			
	1		HIRING AND TERMINATION PRACTICES
STANDARD	YES	NO	Comments or Explanation
NUMBER			-
NUMBER 6.4			
6.4			
6.4 6.5			
6.4 6.5 6.6			
6.4 6.5 6.6 6.7			
6.4 6.5 6.6 6.7 6.8			
6.4 6.5 6.6 6.7 6.8 6.9			
6.4 6.5 6.6 6.7 6.8 6.9 6.10			
6.4 6.5 6.6 6.7 6.8 6.9 6.10 6.11			
6.4 6.5 6.6 6.7 6.8 6.9 6.10 6.11 6.12			
6.4 6.5 6.6 6.7 6.8 6.9 6.10 6.11 6.12 6.13			
6.4 6.5 6.6 6.7 6.8 6.9 6.10 6.11 6.12 6.13 12.7			
6.4 6.5 6.6 6.7 6.8 6.9 6.10 6.11 6.12 6.13 12.7 12.7 a			

12.10			
		I	POST ACADEMY FIELD TRAINING
STANDARD NUMBER	YES	NO	Comments or Explanation of N/A by Function
8.9			
8.9 a			
8.9 b			
8.9 c			
8.9 d			
8.9 e			
8.9 f			
8.9 g			
STANDARD NUMBER	YES	NO	Comments or Explanation of N/A by Function
11.1			
11.1 a			
11.1 b			
11.1 c			
11.1 d			
11.1 e	Ī		
11.2			
11.3			
11.4			
11.4 a			
11.4 b			
11.4 c			
11.4 d			
11.4 e	Ī		
11.5			

11.6		
11.7		
11.8		

EARLY WARNING SYSTEM				
STANDARD NUMBER	YES	NO	Comments or Explanation of N/A by Function	
13.6				
13.6 a				
13.6 b				
13.6 c				
13.6 d				
13.6 e				
13.6 f				
13.6 g				
13.6 h				
			VEHICLE PURSUITS	
STANDARD NUMBER	YES	NO	Comments or Explanation	
16.4				
16.4 a				
16.4 b				
16.4 c				
16.4 d				
16.4 e				
16.4 f				
16.4 g				
16.4 h				

16.4 i		
16.4 j		
16.4 k		

BODY WORN CAMERAS				
STANDARD NUMBER	YES	NO	Comments or Explanation	
16.12				
16.12 a				
14.12 b				
16.12 c				
16.12 d				
16.12 e				
16.12 f				
16.12 g				
16.12 h				
	NO-KNOCK WARRANTS			
STANDARD NUMBER	YES	NO	Comments or Explanation	
23.5				

As the Accreditation Manager of the (insert name of agency), I certify that the above listed information is an accurate depiction of this agency's current self- assessment status.

(Print Name of Accreditation Manager)	(Date)	
(Signature of Accreditation Manager)	(Date)	

As the Chief Executive Officer of the (insert name of agency), I certify that the above listed information is an accurate depiction of this agency's current self- assessment status.

(Print Name of Chief Executive Officer)	(Date)	
(Signature of Chief Executive Officer)	(Date)	