

Application for Instructor Approval

Illinois Law Enforcement Training and Standards Board 4500 S. Sixth Street Road Springfield, Illinois 62703

Telephone: (217) 782-4540

INSTRUCTIONS

- 1. This form is to be used to approve instructors for **Board-certified** courses only.
- 2. This form must be completed by the applicant, signed by the requesting training entity (academy, MTU, or approved private vendor) and sent to the Board for review and approval. No instructor approval will be granted to an individual unless they are teaching for an MTU, academy or approved private vendor.
- 3. Use the on-line fillable form (http://www.ptb.illinois.gov/media/1231/form-c.pdf) or type/print CLEARLY in black ink. If extra space is needed, please attach additional sheets.
- 4. All available information must be furnished in detail as requested. The information provided will be used to determine the applicant's qualifications as an instructor. Do not send any documents (resumes, training evaluations, etc) other than a training certificate to the Board.
- 5. If an item does not apply, write in the letters "N.A." for Not Applicable.
- 6. Attach a copy of the training certificate for all instructor, train-the-trainer, or other applicable courses attended by the applicant. (E.G. Firearms instructor approval requires Board-certified Police Firearms Instructor course or completion of the FBI course.)

Specific courses (listed below) require completion of a certified Train-the-Trainer course and a copy of the applicant's certificate of completion must be attached.

Police Firearms Instructor course
NHSTA's Standardized Field Sobriety Instructor course
Control Tactics/Defensive Tactics Instructor course
Drug Recognition Expert certification
Sexual Assault Investigator course
IEMA Hazardous Materials Awareness Instructor certification
American Red Cross/American Heart Association 1st Aid/CPR instructor course

- 7. It is the responsibility of the requesting training entity to review and ensure proper documentation is received and the application is complete. Once completed, submit the application to the Training Board.
- 8. Board approval letters will be sent to the requesting training entity once approved by Board staff.

Last Name	First	Middle	Date of Birth		
Contact Phone Number			Email		
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	ress of Agency		of Employment	Rank or Position	
1.		_			
2.					
3.		-			
			1		
. RELATED TRAI		o the subject ma		T	
Name of S	School/Course Title		Number of Hours	Date Completed	
				•	
. INSTRUCTOR T	RAINING				
. INSTRUCTOR T		ructor Developr	ment course?		
		ructor Developr	ment course?		

Date training completed?

5. PREVIOUS INSTRUCTIONAL	EXPERIENCE					
Indicate your prior or recent teaching	experience, to include courses,	dates aı	nd where taught.			
6. EDUCATION						
Name and City of			Date of Graduation or			
High School Attended		Highest Level Achieved				
		<u> </u>				
Name of College or	Name of		Dates		egree *	
University Attended	Major		Attended			
* Indicate degree awarded or, if none, credit	hours completed					
7. SPECIAL QUALIFICATIONS	•					
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Indicate pertinent information for the equipment, knowledge of foreign lar scientific organizations.						
State license(s) or certificate(s)						
License or Certificate Number	State or other licensing authority		Date Issued Mo. Yr.		Current O Yes O No	

8. COURSE, SUBJECT OR TOPIC API	PLICANT WILL INSTRU	JCT			
List each subject or topic which the applic the major area of the curriculum – E.G. Po					
9. ATTEST					
I certify that all the information provided i knowledge and belief.	in this application is true, co	mplete, and correct to the best of my			
Signature of Applicant		Date			
10. RECOMMENDATIONS *					
	wifferd that it is made in social	1 Soidh and assessment of the counties of Sou			
I have examined the above application, ve approval as an instructor of a Board-certification.		riann, and recommend the applicant for			
Print name	Signature				
Position	Training entity	Training entity			
Email	Date				
* Required from academy director, mobile private vendor offering a Board-certified	9	r training coordinator for the			
11. FOR USE BY BOARD STAFF					
LApproved Disapprove	d				
Reason for disapproval:					