



FORM C - SUPPLEMENTAL

Illinois Law Enforcement Training and Standards Board 500 South
9th Street Springfield, Illinois 62701 Telephone: (217) 782-4540

1. PERSONAL DATA

Last Name:	First Name:	Middle Initial:	Date of Birth:
Change in Contact information:		Updated Information (email/phone):	
Yes No			

2. RELATED TRAINING PERTAINING TO NEW SUBJECT MATTER TO BE TAUGHT (if additional room is needed attach in word document)

Name of School/Course Title	Number of Hours	Date Completed

3. SPECIAL QUALIFICATIONS, SKILLS, PREVIOUS RELEVANT EXPERIENCE

Indicate pertinent information for the course(s) to be taught - such as special skills, ability to operate special applicable equipment, important publications, memberships in professional/scientific organizations applicable to the subject areas. Annotate any previous experience or real-life application of subject matter.

4. COURSE, SUBJECT OR TOPIC APPLICANT WILL INSTRUCT

List each subject or topic which the applicant will instruct. If instructing BLE or BCO instructing annotate BLE or BCO instruction. You will also annotate to see the attached matrix and include the BLE or BCO matrix with each subject area requested annotated with the instructor application. If listing multiple subjects for In-Service instruction ensure to separate them in a distinguishable manner.

5. ATTEST

I certify that all the information provided in this application is true, complete, and correct to the best of my knowledge and belief.	
Applicant Signature:	Date:

6. RECOMMENDATIONS

I have examined the above application, verified that it was made in good faith, and recommend the applicant for approval as an instructor of a Board-Certified Course.	
Name:	Signature:
Position:	Training Entity:
Email Address:	Date: