



APPLICATION FOR OFFICER INSTRUCTOR CERTIFICATION

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN6 (08/22)

Name (Last, First, Middle)		Officer License or Social Security Number		
Department Name		Position/Rank		
Address		City	State	ZIP Code
Years of Officer Experience:	Work Telephone Number:	Cell Telephone Number:		

Diploma or Degree Earned:

- None
 GED
 High School
 Associates Degree
 Bachelor's Degree
 Master's Degree
 Doctorate

Do you have a Teaching Degree? Yes No

From what College/University

List Instructor Development Training Received	Date Attended From	Date Attended To	Classroom Hours

NOTE: Please ensure that your department administrator or training officer completes his/her portion.

Teaching experience:	Name of program you have taught or name of institution you have instructed for:

List the areas you are requesting certification to teach:
Subject

CERTIFICATION

I certify that the information contained in this application is true and correct to the best of my knowledge.

Instructor Applicant Signature	Date
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APPROVAL AND RECOMMENDATION

(must be completed by parent department administrator and/or training officer)

I approve and recommend that the requested certification be awarded. To the best of my knowledge and belief, the applicant possesses the knowledge, ability and desire to provide effective instruction to peace officers.

Agency Administrator Signature	Title	Date
Training Officer Signature	Title	Date

Please retain a copy of this form and forward the original to: **POST Board
PO Box 1054
Bismarck ND 58502-1054**