

APPLICATION FOR PEACE OFFICER INSTRUCTOR CERTIFICATION

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN 6

INSTRUCTIONS

The Application for Instructor Certification form is to be used by officers who wish to be certified as a peace officer instructor by the POST Board.

Specific instructions for completing this form are as follows:

Name

The full name of the applicant should be printed in this area.

Peace Officer License Number

The applicant's four digit peace officer license number that was assigned by the POST Board should be placed in this area.

Agency

The name of the agency that the applicant is employed by should be printed in this area.

Rank/Title

The rank or title that the applicant holds with the employing agency should be printed in this area.

Address

The physical mailing address of the applicant's employing agency should be printed in this area.

Years of Peace Officer Experience

The total number of years that the applicant has been licensed and employed as a peace officer should be placed in this area.

Note: Applicants must have a minimum of two years experience as a peace officer in order to apply for instructor certification.

Phone

The telephone number that may be used to contact the applicant should be printed in this area.

Diploma or Degree Earned

Place a checkmark on the appropriate line for the educational diploma/degree earned.

Do you have a teaching degree?

If the applicant holds a teaching degree, print "yes" on the line and then print what college/university awarded that degree. If the applicant does not hold a teaching degree, print "No" on the line and leave the line "From what college/university" blank.

List Instructor Training Received

The name of the school and sponsor, dates attended, and the number of classroom hours for each instructor development school the applicant successfully completed, should be printed in the appropriate columns.

Teaching Experience

Information concerning any classes that the applicant has taught prior to making application may be listed in this area. If the applicant has not done any training, this section may be left blank.

List the areas you are requesting certification to teach and the instructor level training you have received that qualifies you to teach in each area.

The topics that the applicant is requesting to be certified to instruct should be printed in the "Subject" column. The instructor level training completed that qualifies the applicant to provide instruction for each topic should be listed in the "Training" column.

Certification

The applicant must sign and date this area to certify that all information on the application is true and correct.

Approval and Recommendation

This area must be completed by having the agency administrator, the agency training officer, or both sign and date the application. No instructor certification or renewal of certification may be granted without the approval and recommendation of the administrator and/or training officer.

A copy of this application should be retained by the applicant/agency and the original sent to:
POST Board
PO Box 1054
Bismarck ND 58502-1054



APPLICATION FOR PEACE OFFICER INSTRUCTOR CERTIFICATION
 PEACE OFFICER STANDARDS AND TRAINING BOARD
 PFN 6

Name:	Peace Officer License Number:	
Agency:	Rank/Position:	
Address:		
Years of Peace Officer Experience:	Phone:	
Diploma or Degree Earned: <input type="checkbox"/> None <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> Doctorate		
Do you have a teaching degree? <input type="checkbox"/> From what college/university _____		
List Instructor Development Training Received:		
	Dates Attended	Classroom
	From	To
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
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.

1. _____

2. _____

List the areas you are requesting certification to teach:

Subject

Training

1. _____

2. _____

3. _____

4. _____

CERTIFICATION

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

Signature

Date

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.

Signature

Title

Date

Signature

Title

Date

Please retain a copy of this form and forward the original to:

POST Board
PO Box 1054
Bismarck ND 58502-1054