



# APPLICATION FOR OFFICER INSTRUCTOR CERTIFICATION (PFN6)

NORTH DAKOTA PEACE OFFICER STANDARDS AND TRAINING (POST) BOARD

SFN 62306 (05/23)

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 <input type="checkbox"/> None <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate				
Do you have a Teaching Degree? <input type="checkbox"/> Yes <input type="checkbox"/> 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

Program Course Name Taught or Institution Name Instructed at
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### REQUESTED CERTIFICATION AREAS TO TEACH

Subject
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### CERTIFICATION

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

Instructor Applicant Signature (typed name is the legal equivalent of a handwritten signature)	Date
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Your social security number is requested by the North Dakota Peace Officer Standards and Training Board to complete the licensing application process under NDCC § 12-63-06. Disclosure of your social security number is voluntary. However, not providing this information may result in a delay in processing your license application and correct individual identification.

**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 (typed name is the legal equivalent of a handwritten signature)	Title	Date
Training Officer Signature (typed name is the legal equivalent of a handwritten signature)	Title	Date

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

POST Board  
PO Box 1054  
Bismarck ND 58502-1054