

D.A.R.E. INSTRUCTOR INFORMATION SHEET

INSTRUCTIONS: Please complete this form and return to the facilitator of your training. The completion of this form is necessary to ensure your certification as a D.A.R.E. Instructor.

PERSONAL INFORMATION

| | |
|-----------------|-----------------------|
| Rank / Title: | First Name: |
| Middle Initial: | Last Name: |
| Email: | Last 4 digits of SSN: |

AGENCY INFORMATION

| | |
|------------------|--------------------|
| Agency Name: | |
| Mailing Address: | |
| City: | County: |
| State/Province: | Zip Code: |
| Phone: | Other Contact No.: |

Are you replacing an instructor who is leaving your D.A.R.E. Unit and will no longer be teaching a D.A.R.E. curriculum? Yes No

If yes, what is the name of the instructor(s) you are replacing?

Is this the first time your agency will implement the D.A.R.E. program or curricula? Yes No

TRAINING INFORMATION

| | |
|--------------------------------------------------------------|----------------------------------------------------------------------------|
| Which State or Training Center provided this training? _____ | |
| Which type of training are you receiving? (Please check one) | |
| D.A.R.E. Officer Training (DOT) | DATE TRAINING COMPLETED / / month day year |
| Mentor Officer Training (MOT) | |
| Senior High School Training | |
| Community Program Training | |
| Other: _____ | |

Note to State Training Director: Please include all Instructor Information Sheets with the completed training documentation to your Regional Director.