

Application for Instructor Approval

Illinois Law Enforcement Training and Standards Board 4500 S. Sixth Street Road Springfield, Illinois 62703 Telephone: (217) 782-4540

INSTRUCTIONS

- 1. This form is to be used to approve instructors for Board-certified courses only.
- 2. This form must be completed by the applicant, signed by the requesting training entity (academy, MTU, or approved private vendor) and sent to the Board for review and approval. No instructor approval will be granted to an individual unless they are teaching for an MTU, academy or approved private vendor.
- 3. Use the on-line fillable form, found online, at http://www.ptb.illinois.gov/media/1231/form-c.pdf. If extra space is needed, please attach additional sheets.
- 4. All available information must be furnished in detail as requested. The information provided will be used to determine the applicant's qualifications as an instructor. Submit any supporting material you deem appropriate.
- 5. If an item does not apply, write in the letters "N.A." for Not Applicable.
- 6. Attach a copy of the training certificate for all instructor, train-the-trainer, or other applicable courses attended by the applicant. (E.G. Firearms instructor approval requires Board-certified Police Firearms Instructor course or completion of the FBI course.)

Specific courses (listed below) require completion of a certified Train-the-Trainer course and a copy of the applicant's certificate of completion must be attached. Examples include, but are not limited to:

Police Firearms Instructor course

NHSTA's Standardized Field Sobriety Instructor course

Control Tactics/Defensive Tactics Instructor course

Drug Recognition Expert certification

Sexual Assault Investigator course

IEMA Hazardous Materials Awareness Instructor certification

American Red Cross/American Heart Association 1st Aid/CPR instructor course

- 7. It is the responsibility of the requesting training entity to review and ensure proper documentation is received and the application is complete. Once completed, submit the application to ptb.applications@illinois.gov.
- 8. Board approval letters will be sent to the requesting training entity once approved by Board staff.

PERSONAL DATA	<u> </u>					
Last Name	First	Middle	Date of Birth			
Contact Phone Numb	ber		Email			
LAW ENFORCEM	IENT, PUBLIC SA	FETY OR PR	OFESSIONAL EXPE	RIENCE		
Name & Add	ress of Agency	Dates	of Employment	Rank or Position		
1.						
2.						
3.						
RELATED TRAIN	ING (Pertaining to	the subject mat	ter to be taught) Number of Hours	Date Completed		
Tiume of B	enour course True		Tunious of Hours	Duite Completed		
. INSTRUCTOR TR	RAINING					
		ructor Develop	ment course?			
Have you successfully completed an Instructor Development course? How many hours?						
Where received?						
Date training comple	eted?					
1						

ndicate your prior or recent teaching experier	ice, to include courses, o	dates and where t	aught.		
EDUCATION					
Name and City of		Date of Graduation or			
High School Attended		Highest Level Achieved			
Name of College or	Name of	Dates	Degree *		
University Attended	Major	Attend	_		
Indicate degree awarded or, if none, credit hours con	nnleted				
-					
SPECIAL QUALIFICATIONS OR SKII					
Indicate pertinent information for the course ability to operate special equipment, knowle					
membership in professional/scientific organ		, I I			
9 1					
State license(s) or certificate(s)					
State license(s) or certificate(s)					

8.	COURSE, SUBJECT OR TOPIC APPLICANT WILL INSTRUCT					
	List each subject or topic which the applicant will instruct (if part of a basic course such as BLE or BCO, list the major area of the curriculum – E.G. Police Function & Human Behavior – THEN list the specific block (of instruction – E.G. Gangs, etc. – the applicant will be teaching).					
9.	ATTEST					
	I certify that all the information provided in this application is true, complete, and correct to the best of my knowledge and belief.					
·	Signature of Applicant	Date				

10. 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.		
Print name	Signature	
Position	Training entity	
Email	Date	

^{*} Required from academy director or mobile team unit coordinator where course will be delivered. Individual must be teaching for MTU or academy – not a private vendor.