



APPLICATION - INSTRUCTOR

STATE FORM 26861 (R/09-03)



DO NOT FAX PLEASE TYPE OR PRINT CLEARLY DO NOT FAX

Application Type: Check one box only. For New or Provisional Certification, the applicant must attach a resume of relevant experience. For Recertification, the applicant must attach a listing of courses presented since the last certification along with dates, number of students, and locations

<input type="checkbox"/> New Certification	<input type="checkbox"/> Provisional Certification	<input type="checkbox"/> Re-Certification
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Applicant Identification Information: Select one Officer type only

Last Name	First Name	Full Middle Name	SSN	IDAC/ORI Number
Department Name		City	Zip Code	Telephone Number

<input type="checkbox"/> Full-Time Officer	<input type="checkbox"/> Part-Time Officer	<input type="checkbox"/> Reserve Officer	<input type="checkbox"/> Civilian
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The Social Security Number of the individual is being requested as an exchange of information between public agencies provided for by IC 4-1-6-2. Disclosure is necessary to fulfill a statutory mandate and confidentiality of the Social Security Number will be maintained by the Law Enforcement Training Board as provided by law.

Education: Circle only one Degree. If applicant has both GED and HS, Circle HS. Enter total College hours completed if no Degree was obtained.

GED	HS	AA/AS	BA/BS	MASTERS	MBA	Ph.D.	Major Area	Minor Area		
Name of High School were HS Diploma / GED obtained							City	State	HS or GED	Last Class Year
Name of College or University							City	State	Degree or Hours	Last Class Year

Experience: List current and next most recent relevant work experience. Use comment lines to include other applicable experience.

Present Agency	Address	City	State	Zip	Rank	From: MM-YY to MM-YY
Previous Agency	Address	City	State	Zip	Rank	From: MM-YY to MM-YY
Comments 1:			Comments 2:			
Comments 3:			Comments 4:			

Areas of Certification: Check the appropriate box for the area in which you are requesting to be Certified.

<input type="checkbox"/> Primary Instructor <input type="checkbox"/> Master Instructor Academy Staff Instructor: <input type="checkbox"/> Basic <input type="checkbox"/> Reserve	Psychomotor Skills Instructor: <input type="checkbox"/> Physical Tactics <input type="checkbox"/> Emergency Vehicle Operation <input type="checkbox"/> Firearms	<input type="checkbox"/> Provisional Instructor From: MM-DD-YY To: MM-DD-YY Subject:
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Applicant has successfully completed a 40-hour (minimum) Instructor Development Course. Attach a copy of the certificate.

Applicant has successfully completed a Psychomotor Skills Instructor Course. Attach a copy of the certificate.

Affirmation and Recommendation: PLEASE ENTER FULL SIGNATURES. The recommending Official should be either the CEO or the PTC.

I affirm that all the information provided is true and correct to my knowledge and belief.	Applicant Signature	Rank or Title	Date MM-DD-YY
I believe that this applicant has the knowledge, desire, and ability to be an effective instructor and I recommend this applicant to the LETB for certification as an Instructor.	Recommending Official Signature	Rank or Title	Date MM-DD-YY

FOR LETB USE ONLY - Do not write below this line - FOR LETB USE ONLY

<input type="checkbox"/> APPROVED	Areas of Certification: _____ Date of Expiration ____ - ____
<input type="checkbox"/> DISAPPROVED	Comments: _____

Reviewed by - Signature	Printed Name	Rank or Title	Date MM-DD-YY
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Check the form to make sure that EVERY DATA AREA has a response. If a box does not apply, mark it with a diagonal line. Send the completed form to: **Executive Director, Law Enforcement Training Board, P.O. Box 313, Plainfield, IN 46168-0313. TX: (317) 839-5191**