APPLICATION FOR INSTRUCTOR

State Form 26861 (R8 / 4-14)
LAW ENFORCEMENT TRAINING BOARD

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PO Box 313
Plainfield, IN 46168-0313
Telephone: (317) 839-5191

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this form will not be processed without it.

INSTRUCTIONS: 1. *Please type or print clearly. Make sure that each data area has a response. If an item does not apply, mark it with a diagonal line.*
2. *Mail this completed application and all attachments to the Executive Director at the above address.* ***Do not fax.***

Type of application *(check only one)*
☐ New certification ☐ Recertification ☐ Additional certification

For new or provisional certifications, 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.

APPLICANT IDENTIFICATION INFORMATION

Name of applicant *(last, first, middle)*	Social Security Number *	PSID number
E-mail address of applicant		
Name of department	City, state, and ZIP code	Telephone number ( )

Type of officer *(check only one)*
☐ Sworn paid police officer ☐ Reserve officer ☐ Jail officer ☐ Civilian ☐ Other _____

EDUCATION - *If applicant has both GED and high school, check high school. Enter total college hours completed if no degree earned.*

Type of degree *(check only one)* ☐ GED ☐ HS ☐ AA/AS ☐ BA/BS ☐ Masters ☐ MBA ☐ PhD	Major area of study	Minor area of study

Name of high school where diploma / GED earned	City and state	High school or GED	Last class year
Name of college or university	City and state	Degree or hours	Last class year

EXPERIENCE - *List the current and next most recent relevant work experience. Use comment lines to include other applicable experience.*

Name of current agency	Rank	From (*month, day, year*)	To (*month, day, year*)
Address (*number and street, city, state, and ZIP code*)			
Name of previous agency	Rank	From (*month, day, year*)	To (*month, day, year*)
Address (*number and street, city, state, and ZIP code*)			
Comments			

AREA(S) OF CERTIFICATION - *Check the appropriate box(es) for the area(s) in which you are requesting to be certified.*

☐ Primary instructor
☐ Senior instructor
☐ Master instructor

☐ Satellite academy staff instructor - basic
☐ Satellite academy staff instructor - reserve
☐ Provisional instructor

☐ Psychomotor skills instructor
- ☐ Physical tactics
- ☐ Emergency vehicle operation
- ☐ Firearms

☐ Successfully completed a LETB approved instructor development course. *(Attach a copy of the certificate for initial certification.)*
☐ Successfully completed a LETB approved psychomotor skills instructor course. *(Attach a copy of the certificate for initial certification.)*

If provisional instructor, start date (*month, day, year*)	Ending date (*month, day, year*)	Subject

AFFIRMATION - *Please enter full signature.*

I affirm that all of the information provided is true and correct to the best of my knowledge and belief.

Signature of applicant	Rank or title	Date (*month, day, year*)

RECOMMENDATION - *Please enter full signature. The recommending official must be either the CEO or the PTC.*

I believe that this applicant had the knowledge, desire, and ability to be an effective instructor and I recommend this applicant to the Law Enforcement Training Board for certification as an instructor.

Signature of recommending official	Rank or title	Date (*month, day, year*)

FOR LETB USE ONLY - DO NOT WRITE IN THIS SECTION

☐ Approved ☐ Rejected	Area(s) of certification	Date of expiration (*month, day, year*)
Comments		

Reviewed by *(signature)*:	Printed name	Rank or title	Date (*month, day, year*)