

“The Social Security Number is used to make positive identification of application and/or law enforcement personnel. DISCLOSURE IS VOLUNTARY. However, failure to provide this information may result in a delay in the processing of application materials and may result in inaccurate records being assigned to you.”

COMMISSION ACCREDITED GENERAL AND/OR SPECIFIC INSTRUCTOR TRAINING (OR EQUIVALENT INSTRUCTOR TRAINING)

SCHOOL NAME AND COURSE TITLE	COURSE LENGTH (Hours)	DATE COMPLETED
_____	_____	_____
_____	_____	_____

EDUCATION

NAME OF HIGH SCHOOL	DATES ATTENDED	DIPLOMA? (YES/NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY OR JUNIOR COLLEGE	DATES ATTENDED	DEGREE/HOURS
_____	_____	_____
_____	_____	_____

UNIVERSITY OR COLLEGE	DATES ATTENDED	DEGREE/HOURS
_____	_____	_____
_____	_____	_____

ATTESTATION

CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT ANY OMISSION, FALSIFICATION OR MISREPRESENTATION OF THE INFORMATION PROVIDED ABOVE MAY RESULT IN CERTIFICATION BEING DENIED, SUSPENDED, OR REVOKED BY THE COMMISSION.

(DATE)

(SIGNATURE OF APPLICANT)

RECOMMENDATION

IT IS RECOMMENDED THAT THE CERTIFICATE REQUESTED BE AWARDED. TO THE BEST OF MY KNOWLEDGE AND BELIEF THE APPLICANT IS OF GOOD MORAL CHARACTER AND HAS THE DESIRE AND THE ABILITY TO PROVIDE EFFECTIVE INSTRUCTION FOR CRIMINAL JUSTICE PERSONNEL.

This the _____ Day of _____ 20, _____ .

(Signature of **CERTIFIED**) School Director

(Name of Accredited School)

Department/Agency and Complete Address
