

Application for Course Certification

1. Agency submitting request:	2. Agency Address:	3. Name of Course Vendor/Instructor:
4. Business Phone Number:	5. Course Title:	6. Address of course presentation:
<p>7. It is Board policy to certify in-service courses of any length if delivered in a satisfactory format. All in-service courses shall be delivered and certified through the Mobile Team system unless the course and/or venue is approved by the Board on an individual basis. The Mobile Teams shall have the first option of providing all in-service courses.</p> <p>Have you applied for Certification through a Mobile Team Unit? If so, list the Mobile Team(s) contacted.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes Mobile Team(s) contacted: _____ <input type="checkbox"/> No </p>		
8. Course Presentation Dates: Start Date: _____ Start Time: _____ End Date: _____ End Time: _____		9. Offerings and Dates: Number of Offerings: _____ Offering Dates: _____
10. Course Length: _____ Hours in Course: _____	11. Format: ___ hours per day ___ days per week ___ weeks	12. Split Session: <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Participating law enforcement agencies and estimated number of trainees from each agency: Agency: _____ Estimated Trainees: _____ Agency: _____ Estimated Trainees: _____ Agency: _____ Estimated Trainees: _____		
14. Is additional travel required, other than to the course site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the number of miles from course site: _____ miles		
15. Minimum number of trainees: _____ Maximum number of trainees: _____		
16. <input type="checkbox"/> Resident <input type="checkbox"/> Commuter 17. Living Accommodations: <input type="checkbox"/> On Campus <input type="checkbox"/> Commercial <input type="checkbox"/> Not Applicable		
18. Facilities: Number and Size of Classrooms: _____ Total Seating Capacity: _____		
19. Tuition Costs: Resident: _____ Commuter: _____ Regional Commuter: _____	20. Additional Costs: Meals: _____ Lodging: _____ Other: _____	
<h3>CONTINUED ON NEXT PAGE</h3>		

21. Course objectives and narrative description of course (use additional sheets of paper, if necessary)

22. Is this course on an **intermittent** basis? Yes No

23. I HAVE REVIEWED COURSE MATERIALS AND BELIEVE THEY MEET THE GUIDELINES OF MANDATED TRAINING FOR (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Civil Rights | <input type="checkbox"/> Constitutional and proper use of law enforcement authority |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Human Rights |
| <input type="checkbox"/> Introductory Mental Health Awareness | <input type="checkbox"/> Law Updates |
| <input type="checkbox"/> Lead Homicide Investigator | <input type="checkbox"/> Use of Force (must include scenario based or similar approved training) |
| <input type="checkbox"/> Procedural Justice | <input type="checkbox"/> Sexual Assault Investigator Training |
| <input type="checkbox"/> Psychology of Domestic Violence | <input type="checkbox"/> Sexual Assault Trauma Informed Response (with report writing) |

24. Is this course copyrighted or license protected? Yes No
If yes, then complete **Form X**

25. Method of presentation (indicate all techniques used):

Lecture Demonstration Simulation Role Playing Conference Other

26. Number of instructors:

27. Training aides used:

28. Test and reference material:

29. Method of evaluating stated objectives:

30. I certify that the information contained herein is true and complete to the best of my knowledge. I authorize investigation of all facts contained in this Application and agree to provide any additional information as may be required by the Board. I understand that false or misleading information given in this Application or interview(s) may result in immediate decertification of this course and/or any course offered by the Applicant.

Name and Title: _____ Date of Request: _____

FOR STAFF USE ONLY

Received: _____

Reviewing Staff Member: _____

Curriculum & School Standards & Finance Committee

Committee Action: _____

Date: _____

Committee Action: _____

Date: _____

Board Action: _____

Date: _____