



## Application for Chicago PD In-Service 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 Chicago Police Instructors for Board-certified courses not included in the Basic Law Enforcement (BLE) curriculum.
2. This form must be completed by the applicant, signed by the Chicago Police Academy Director, and sent to the Board for review and approval. No instructor approval will be granted to an individual unless they are teaching at the Chicago Police Academy.
3. Use the on-line fillable form, found online, at <http://www.ptb.illinois.gov/media/1407/form-c2-cpd-in-service-instructor.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, including résumé.
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:

- American Red Cross/American Heart Association 1st Aid/CPR instructor course
- Control Tactics/Defensive Tactics Instructor course
- Drug Recognition Expert certification
- EVOC Instructor
- IEEMA Hazardous Materials Awareness Instructor certification
- NHSTA's Standardized Field Sobriety Instructor course
- Police Firearms Instructor course
- Police Rifle Instructor
- Radar/LIDAR Instructor
- Sexual Assault Investigator course
- Trauma Informed Response to Sexual Assault/Abuse Reports

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](mailto:ptb.applications@illinois.gov).
8. Board approval letters will be sent to the requesting training entity once approved by Board staff.

**9. PERSONAL DATA**

Last Name	First	Middle	Date of Birth
Contact Phone Number			Email

**2. LAW ENFORCEMENT, PUBLIC SAFETY OR PROFESSIONAL EXPERIENCE**

Name & Address of Agency	Dates of Employment	Rank or Position
1.		
2.		
3.		

**3. RELATED TRAINING (Pertaining to the subject matter to be taught)**

Name of School/Course Title	Number of Hours	Date Completed

**4. INSTRUCTOR TRAINING**

Have you successfully completed an Instructor Development course?
How many hours?
Where received?
Date training completed?

**5. PREVIOUS INSTRUCTIONAL EXPERIENCE**

Indicate your prior or recent teaching experience, to include courses, dates and where taught.

**6. EDUCATION**

Name and City of High School Attended	Date of Graduation or Highest Level Achieved

Name of College or University Attended	Name of Major	Dates Attended	Degree *

\*Indicate degree awarded or, if none, credit hours completed.

**7. SPECIAL QUALIFICATIONS OR SKILLS**

Indicate pertinent information for the course(s) to be taught - such as volunteer activities, special skills, ability to operate special equipment, knowledge of foreign languages, important publications, and membership in professional/scientific organizations.			
State license(s) or certificate(s)			
License or Certificate Number	State or other licensing authority	Date Issued Mo. Yr.	Current <input type="radio"/> Yes <input type="radio"/> No

**8. COURSE, SUBJECT OR TOPIC APPLICANT WILL INSTRUCT (IN-SERVICE ONLY)**

List each course the applicant will instruct.

**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 where course will be delivered.  
Individual must be teaching for Chicago Police In-Service– not a private vendor.