



# **CRISIS RESPONSE THERAPY CANINE CERTIFICATION**

## **Team Application**

P.A. 104-106

**\*\* ELIGIBILITY \*\***

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This application is required to formally review and certify law enforcement handlers and agency-authorized crisis response therapy canine teams for use in crisis calls, peer support, and community engagement functions. Successful completion of an ILETSB-approved Crisis Response Therapy Canine course is a requirement prior to the final approval of this application.

### **Handler eligibility** (based on applicant category):

- Law Enforcement Officer handlers must have at least two (2) years of experience post basic certification and have completed an ILETSB-certified CIT Basic course in Illinois.
- Civilian co-responders (clinicians/social workers) must have at least two (2) years of experience as a mental health clinician or social worker, must be serving as a co-responder for a specific law enforcement agency as an employee or under an agreement/memorandum of understanding, and must have completed an approved ILETSB Certified CIT Basic or ILETSB Collaborative Crisis Co-Response Course.
- Crisis response support personnel must have at least two (2) years of experience working directly with law enforcement, must be serving as an employee or under an agreement/memorandum of understanding with a specific law enforcement agency, and must have completed an Approved ILETSB Certified CIT De-escalation/Conflict Resolution Course.

### **Canine eligibility:**

Handlers participating in this program must submit documentation demonstrating canine certification of, at minimum, an AKC Canine Good Citizen (CGC) evaluation, documentation identifying the organization through which the canine received therapy dog certification, and current veterinary records verifying the following: Rabies, Distemper (DA2PP-L), Bordetella, and Canine Influenza (H3N2/H3N8) vaccinations. Lyme vaccination is optional and may be administered at the discretion of the attending veterinarian. Additional required health documentation includes a current fecal test and a current heartworm test. Canine must be on current preventatives for fleas, ticks, and heartworms.

### **Background review:**

Applicants are subject to a special background review focused on animal cruelty and interpersonal conduct concerns.

When referencing any out-of-state or non-Board-approved training or credentials, certificates and pertinent documentation should be attached in the application email. In reviewing this application, the Board reserves the right to request additional information and to verify information provided. The Board retains the sole right to approve or deny certification.

**NOTE:** Certification is issued for one (1) year and may be renewed upon satisfying the required update training and a reevaluation assessment conducted by an ILETSB-approved therapy canine assessor.

\* Please type and fully complete all sections prior to submission \*\*

## LAW ENFORCEMENT AGENCY INFORMATION

|                               |  |
|-------------------------------|--|
| <b>Agency Name</b>            |  |
| <b>Point of Contact Name</b>  |  |
| <b>Point of Contact Email</b> |  |

## HANDLER INFORMATION

|                               |   |
|-------------------------------|---|
| <b>Handler Name</b>           |   |
| <b>Phone Number</b>           |   |
| <b>Email Address</b>          |   |
| <b>PTB ID (if applicable)</b> |   |
| <b>Date of Birth</b>          |   |
| <b>Agency Hire Date</b>       |   |
| <b>Handler Start Date</b>     |   |
| <b>Current Assignment</b>     |   |
| <b>Applicant Type</b>         | <input type="checkbox"/> <b>Law Enforcement Officer</b><br><input type="checkbox"/> <b>Civilian Co-Responder</b><br><input type="checkbox"/> <b>Crisis Response Support Personnel</b> |

**Please Attach:** The memorandum of understanding (MOU), employment agreement, or other formal agreement authorizing service as a civilian co-responders or crisis response support personnel with a specific law enforcement agency.

| <b>ELIGIBILITY</b>   |  |
|--|--|
| Is the applicant free from any convictions related to animal cruelty, disqualifying decertifiable offenses, battery, disorderly conduct, or crimes of moral turpitude? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is the applicant free from any arrests related to animal cruelty, disqualifying decertifiable offenses, battery, disorderly conduct, or crimes of moral turpitude?     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Suitable for participation in crisis response, peer support, and community engagement activities.  | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| <b>TRAINING STATUS</b>   |                        |              |
|--|------------------------|--------------|
| Successful completion of at least one of the following board-certified courses is required to process this application. Please indicate which of the following have been completed, when, and where. |                        |              |
| <b>COURSE</b>  | <b>COMPLETION DATE</b> | <b>MTU #</b> |
| CIT (40 hour)  |                        |              |
| Co-Response Collaboration  |                        |              |
| CIT Conflict Resolution  |                        |              |

| <b>CANINE BASIC REQUIREMENTS</b> |  |                             |
|----------------------------------|--|-----------------------------|
| Canine Name                      |  |                             |
| Breed                            |  |                             |
| Age                              |  |                             |
| CGC                              | <input type="checkbox"/> YES – Please Attach | <input type="checkbox"/> NO |
| Therapy Dog Certification        | <input type="checkbox"/> YES – Please Attach | <input type="checkbox"/> NO |
| Issuing Agency                   |  |                             |
| Veterinary records current       | <input type="checkbox"/> YES – Please Attach | <input type="checkbox"/> NO |

| <b>Canine Use and History</b>                                      |  |                                    |
|--|--|------------------------------------|
| Has canine had prior aggression training?                          | <input type="checkbox"/> <b>YES – Please Explain Below</b> | <input type="checkbox"/> <b>NO</b> |
| Has canine had prior apprehension training?                        | <input type="checkbox"/> <b>YES – Please Explain Below</b> | <input type="checkbox"/> <b>NO</b> |
| Has the canine had prior drug interdiction training or imprinting? | <input type="checkbox"/> <b>YES – Please Explain Below</b> | <input type="checkbox"/> <b>NO</b> |
| Has the canine had training on other sensory alerts?               | <input type="checkbox"/> <b>YES – Please Explain Below</b> | <input type="checkbox"/> <b>NO</b> |
| If yes, please explain:  |  |                                    |
|  |  |                                    |

| <b>CANINE TEAM INFORMATION</b>                   |  |
|--|--|
| Length of time working together?                 |  |
| Prior deployment environments:                   |  |
|  |  |
| Update or refresher training completed (if any): |  |
|  |  |

**H. PRIOR EXPERIENCE**

Narrative: crisis response, peer support, community deployment

**H. ADDITIONAL INFORMATION**

Narrative: Please provide any other information that may be relevant and helpful in the review of this request. *(If referencing information, then please attach certificates of completion and other documentation, such as course descriptions and outlines.)*

*As the Chief Administrator and Employer of the applicant named herein, I am requesting certification for the ILETSB CRISIS RESPONSE THERAPY CANINE CERTIFICATION under the provisions of P.A. 104-106.*

*In doing so, I attest to the agency's sponsorship of the applicant and therapy canine team, confirm that a background review has been conducted without yielding any items of concern, verify compliance with all applicable ILETSB standards and program requirements, and affirm that the therapy canine is assigned to, and operates under, the authority and direction of this agency. I further verify that the information contained herein is complete and accurate.*

**Chief Administrator Name**

**Chief Administrator Signature**

**Date of Request**

***\*\* Please complete this application, save a copy for your records, and email the completed application and attached reference material to Jennifer.Wooldridge@Illinois.gov. \*\****