



APPLICATION FOR INSTRUCTOR

State Form 26861 (R11 / 2-21)

LAW ENFORCEMENT TRAINING BOARD

LAW ENFORCEMENT TRAINING BOARD 5402 S. County Road 700 E Plainfield, IN 46168-9210 Telephone: (317) 839-5191
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* This agency is requesting disclosure of the last four (4) digits 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) <input type="checkbox"/> New certification <input type="checkbox"/> Recertification <input type="checkbox"/> Additional certification	For 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.
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APPLICANT IDENTIFICATION INFORMATION

Name of applicant (last, first, middle)	Social Security Number * XXX / XX /	PSID number
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E-mail address of applicant	Date of birth (month, day, year)
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Name of department	City, state, and ZIP code	Telephone number ()
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Type of officer (check only one) <input type="checkbox"/> Sworn paid police officer <input type="checkbox"/> Reserve officer <input type="checkbox"/> Jail officer <input type="checkbox"/> Civilian <input type="checkbox"/> Other _____
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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) <input type="checkbox"/> GED <input type="checkbox"/> HS <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS <input type="checkbox"/> Masters <input type="checkbox"/> MBA <input type="checkbox"/> PhD	Major area of study	Minor area of study
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Name of high school where diploma / GED earned	City and state	High school or GED	Last class year
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Name of college or university	City and state	Degree or hours	Last class year
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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)
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Address (number and street, city, state, and ZIP code)

Name of previous agency	Rank	From (month, day, year)	To (month, day, year)
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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.

<input type="checkbox"/> Primary instructor	<input type="checkbox"/> Satellite academy staff instructor - basic	<input type="checkbox"/> Psychomotor skills instructor
<input type="checkbox"/> Senior instructor	<input type="checkbox"/> Satellite academy staff instructor - reserve	<input type="checkbox"/> Physical tactics
<input type="checkbox"/> Master instructor	<input type="checkbox"/> Provisional instructor	<input type="checkbox"/> Emergency vehicle operation
		<input type="checkbox"/> 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
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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)
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RECOMMENDATION - Please enter full signature. The recommending official must be the Officer in Charge (OIC) of the course.

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)
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FOR LETB USE ONLY - DO NOT WRITE IN THIS SECTION

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Area(s) of certification	Date of expiration (month, day, year)
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Comments

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