



APPLICATION FOR INSTRUCTOR

State Form 26861 (R13/1-24)

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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- INSTRUCTIONS:**
- Please type or print clearly.** Make sure that each data area has a response. If an item does not apply, mark it with a N/A.
 - For new applications** - Mail this completed application and all attachments to the Executive Director at the above address.
 - For renewal applications** - Upload this completed application and all attachments into Acadis.

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 include a resume of relevant experience. For recertification, the applicant must include 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)	PSID number	
E-mail address at department	Date of birth (month, day, year)	
Name of department	City, State, and ZIP code	Telephone number ()

Type of officer (check only one)
 Sworn paid police officer Reserve officer Jail officer Civilian Other _____

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	
Name of high school where diploma / GED earned	City and State	High school or GED	Last class year
Name of college or university	City and State	Degree or hours	Last class year

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)
Address (number and street, city, state, and ZIP code)			
Name of previous agency	Rank	From (month, day, year)	To (month, day, year)
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"/> Defensive tactics
<input type="checkbox"/> Master instructor	<input type="checkbox"/> Provisional instructor	<input type="checkbox"/> Emergency vehicle operation
<input type="checkbox"/> Firearms		
<input type="checkbox"/> Successfully completed a LETB approved instructor development course. (Include a copy of the certificate for initial certification.)		
<input type="checkbox"/> Successfully completed a LETB approved psychomotor skills instructor course. (Include a copy of the certificate for initial certification.)		
If provisional instructor, start date (month, day, year)	Ending date (month, day, year)	Subject

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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