

**COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING**

**APPLICATION FOR CERTIFICATION OF COURSE**

(Submit at least 30 days prior to start of class)

Department Head, Training Officer or Coordinator \_\_\_\_\_  
Rank \_\_\_\_\_ Name \_\_\_\_\_  
Title \_\_\_\_\_

Requesting Agency \_\_\_\_\_

Agency Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Title of Course \_\_\_\_\_

Total Hours of Training \_\_\_\_\_ Expected Enrollment \_\_\_\_\_

Date(s) of Course: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Location of Training \_\_\_\_\_

Announcements Sent Inviting Officers from Surrounding Area? Yes \_\_\_\_\_  
No \_\_\_\_\_

**TRAINING SUMMARY**

1. Attach copy of Training Schedule
2. Attach brief objective for each subject
3. Attach list of all instructors. (All instructors must be certified or approved by the Commission)
4. Attach a completed request for Instructor Certification, Form F-8, if applicable.

Request Submitted By \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Email: \_\_\_\_\_