



**Institution of Instruction- IOI
CSO TRAINING PAGE**



Effective Date
5-2019

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

NAME _____
Last First MI

For Office Use Only:
Employee Credential Number

SS#: _____ - _____ - _____ DOB: _____

NAME OF COMPANY _____ CMPY _____

NAME OF IOI _____ IOI _____

CURRENT AND ACTIVE CERTIFIED LAW ENFORCEMENT OFFICER? Yes No

(CERTIFIED LAW ENFORCEMENT OFFICERS ARE EXEMPT FROM THE TRAINING REQUIREMENTS. THE OFFICER MUST BE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER. (SEE RULE 10.6)

(PLEASE ATTACH A COPY OF YOUR LAW ENFORCEMENT CERTIFICATION AND A LETTER FROM THE LAW ENFORCEMENT AGENCY THAT YOU ARE CURRENTLY EMPLOYED WITH THAT STATES YOU ARE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER.) _____

(If checked, a signature of TA or ATA is required)

PHASE I MAY BE CONDUCTED BY A TRAINING ADMINISTRATOR (TA), ASSISTANT TRAINING ADMINISTRATOR (ATA), TRAINING INSTRUCTOR (TI), OR GUEST INSTRUCTOR.

PHASE I – Training Requirements for PSO, CSO and CSSO

**Must consist of eight (8) hours minimum (Rule 10.3).*

- Legal Authority Familiarity with Act 393
- Field Note Taking and Report Writing
- DATE TRAINING COMPLETED** _____

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____

Sign: _____

Print: _____

Print: _____

Credential Number: _____

Credential Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

Sign: _____

SUBJECT TAUGHT: _____

SUBJECT TAUGHT: _____

Print: _____

Print: _____

Address: _____

Address: _____

DOB: _____ Phone Number: _____

DOB: _____ Phone Number: _____

****If more than two guest instructors, please attach the ASP Supplemental Instructor Training Page. **
Guest instructors can be utilized to teach training requirements under the guidance and supervision of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.**

THE FIREARMS PORTION OF PHASE II AND III MUST BE CONDUCTED BY A CERTIFIED FIREARMS TRAINING INSTRUCTOR.

Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page

PHASE II – Training Requirements for CSO and CSSO

****Must consist of sixteen (16) hours minimum (at least eight (8) hours in the classroom and eight (8) hours on the firing range) (Rule 10.4).***

Use of Deadly Force and Arkansas Law	<input type="checkbox"/>	Familiarity with Act 393	<input type="checkbox"/>
Weapons and Safety	<input type="checkbox"/>		
Live Fire Training, Marksmanship and Qualifications	<input type="checkbox"/>		
Pistol Qualification Course	<input type="checkbox"/>		
Primary Weapon Caliber	<input type="checkbox"/> _____	Secondary Weapon Caliber	<input type="checkbox"/> _____
Primary Weapon Make	<input type="checkbox"/> _____	Secondary Weapon Make	<input type="checkbox"/> _____
Primary Weapon Model	<input type="checkbox"/> _____	Secondary Weapon Model	<input type="checkbox"/> _____
Rifles or Shotgun Qualification Course	<input type="checkbox"/>		
Weapon Caliber	<input type="checkbox"/> _____		
Weapon Make	<input type="checkbox"/> _____		
Weapon Model	<input type="checkbox"/> _____		
<u>DATE TRAINING COMPLETED</u>	<input type="checkbox"/> _____		

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____
Print: _____
Credential Number: _____

Sign: _____
Print: _____
Credential Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____
SUBJECT TAUGHT: _____
Print: _____
Address: _____
DOB: _____ Phone Number: _____

Sign: _____
SUBJECT TAUGHT: _____
Print: _____
Address: _____
DOB: _____ Phone Number: _____

*****If more than two guest instructors, please attach the ASP Supplemental Instructor Training Page. *****
******* Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page*******

The applicant by completing this form, affirms that he/she has successfully completed the training as required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules.

Signature of Applicant: _____

Guest instructors can be utilized to teach training requirements under the guidance and supervision of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.