

COMMISSION ON LAW ENFORCEMENT STANDARDS AND TRAINING

APPLICATION FOR AWARD OF LAW ENFORCEMENT INSTRUCTOR CERTIFICATE

INSTRUCTIONS:

1. Please type or print
2. This form is to be completed by the applicant and approved by the Department Head or designee, or school coordinator.
3. No credit for education or training will be given unless verifying documents are in your file in this office or attached to this application.
4. An applicant must have completed the prescribed Instructor Development Training Course or its equivalent to be eligible for a permanent instructor certificate and a Police Traffic Radar Instructor Certificate.
5. Certificates of Radar Training must be attached for Police Traffic Radar Instructor Certificate.
6. Commission action on the application will be forwarded to the Department Head or School Coordinator.

Name to appear on Certificate: _____

Department or Agency: _____

Agency Mailing Address: _____

Agency Contact
Telephone Number: _____

Rank: _____ CLEST ID: _____

C.L.E.S.T.

Date Instructor Development Course Completed: _____ Course Number: _____

Where was Instructor Development training Conducted? _____

Certificate Applying For: (Please check appropriate box)

- ☐ Professional Instructor (Law Enforcement Subjects Only)
- ☐ General Instructor (Criminal Law, Judicial Process, Medical Topics, etc.)
- ☐ Firearms Instructor (Must complete Firearms Instructor Course)
- ☐ Radar Instructor (See Instructions #4 and #5)
- ☐ Specialized Instructor Type: _____

Law Enforcement Experience:

Agency	Dates of Employment	Highest Rank
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Law Enforcement Training:

School Name & Course Title	Course Hours	Date of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

College Education:

Name of College	Major	Dates Attended	Semester Hours Completed	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby attest that the information contained in this application is true and correct.

<input type="text"/> Signature of Applicant	<input type="text"/> Rank	<input type="text"/> Date
<input type="text"/> Signature of Department Head or Designee	<input type="text"/> Rank	<input type="text"/> Date
<input type="text"/> Printed Name	<input type="text"/> Email	

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY

OF _____ 20____

My Commission Expires: _____

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.