



Maryland Police & Correctional Training Commissions

6852 4th Street, Sykesville, MD 21784 • (410) 875-3400 • MPCTCInstructorapplications.dpscs@maryland.gov

APPLICATION FOR INSTRUCTOR CERTIFICATION

Please Type or Print clearly

Applicants Last Name:		MI:		First Name:	
Certification Number:				Application for:	<input type="checkbox"/> Police <input type="checkbox"/> Corrections
Agency Name:				Agency Code:	
Agency Address:				Telephone:	
Agency Contact:				Email:	

THIS APPLICATION IS FOR (check ALL that apply; then complete the section(s) indicated or Section I Waiver request):

<input type="checkbox"/> Academic	<input type="checkbox"/> Provisional A, B, C1	<input type="checkbox"/> Instructor C1, D, F1	<input type="checkbox"/> Renewal F2	
<input type="checkbox"/> Firearms	<input type="checkbox"/> Provisional A, B, C2, E1, G	<input type="checkbox"/> Instructor D, F3, G	<input type="checkbox"/> Renewal F5, G	<input type="checkbox"/> Weapons Update E 6, G
		<input type="checkbox"/> Line Instructor F4, G	<input type="checkbox"/> Renewal F6, G	
<input type="checkbox"/> Defensive Tactics	<input type="checkbox"/> Provisional A, B, C3, E3	<input type="checkbox"/> Instructor D, F11	<input type="checkbox"/> Renewal F12	
<input type="checkbox"/> Electronic Control Device		<input type="checkbox"/> Instructor D, E4, H	<input type="checkbox"/> Renewal F13, H	<input type="checkbox"/> Device Update H
<input type="checkbox"/> E.V.O.C Instructor	<input type="checkbox"/> Provisional A, B, C4, E2	<input type="checkbox"/> Instructor C4, D, F7	<input type="checkbox"/> Renewal F9	
		<input type="checkbox"/> Course Safety Officer C4, F8	<input type="checkbox"/> Renewal F10	
<input type="checkbox"/> Motorcycle Instructor	<input type="checkbox"/> Provisional A, B, C5, E5	<input type="checkbox"/> Instructor C5, D, F14	<input type="checkbox"/> Renewal F16	
		<input type="checkbox"/> Course Safety Officer C5, F15	<input type="checkbox"/> Renewal F17	
<input type="checkbox"/> Field Training Officer (FTO)		<input type="checkbox"/> Instructor C6, E7	<input type="checkbox"/> Renewal F18, E7	
<input type="checkbox"/> Field Training Coordinator		<input type="checkbox"/> Instructor FLS Training, E7	<input type="checkbox"/> Renewal F18	

FOR MPCTC USE ONLY

Type of Instructor: _____ Models: _____ Approved / Denied

Date Reviewed/Amended: _____ Expiration Date: _____ Reviewed by: _____

SECTION A – Currently Certified as a _____ Not Certified (Title): _____

SECTION B – EDUCATION

High School Diploma: _____
School Name Address Date

GED or Recognized State Board of Education Diploma: _____
State of Issuance Date

SECTION C – EXPERIENCE:

C1 Minimum years of employment in the Public Safety Community. 1 year (Provisional Certification)
Employer(s): _____ 2 years (Instructor)
Date(s): _____

C2 Minimum of 2 years as a Law Enforcement or Correctional Officer, within the last 5 years and was authorized to use or carry a firearm for a minimum of 2 years.
Employer(s): _____ Date(s): _____

C3 Minimum of 2 cumulative years of Criminal Justice related defensive tactics skills experience during the last 5 years.
Employer(s): _____ Date(s): _____

C4 Occupational experience operating an emergency vehicle for at least: 2 years (Provisional Certification)
Employer(s): _____ 3 years (Instructor Certification)
Date(s): _____

C5 Experience operating a law enforcement agency motorcycle while a police officer, at least:
Employer(s): _____ 2 years (Provisional Certification)
Date(s): _____ 3 years (Instructor Certification)

C6 Minimum 2 years as a Law Enforcement Officer immediately prior to applying as an FTO.
Employer(s): _____ Date(s): _____

SECTION D – ACADEMIC INSTRUCTOR TRAINING PROGRAM (*Attach Certificate of Completion*)

Completed a Basic or Enhanced Academic Instructor Training Course Approved by MPCTC (within 2 years)
Conducted by (Agency): _____ MPCTC Course Approval #: _____ Date: _____

NOTE: If a waiver for alternative training is requested, see Waiver Section – I

SECTION E – SPECIFIC DISCIPLINE INSTRUCTOR TRAINING (*Attach a copy of the Certificate of Completion for each*)

E1 Firearms Instructor Training Course (within 2 years of this application).
Conducted by: _____ MPCTC Course Approval #: _____ Date: _____

E2 EVOC Instructor Training Course (within 5 years of this application).
Conducted by: _____ MPCTC Course Approval #: _____ Date: _____

E3 Defensive Tactics Instructor Training Course (within 2 years of this application).
Conducted by: _____ MPCTC Course Approval #: _____ Date: _____

E4 Electronic Control Device Training Course
Conducted by: _____ MPCTC Course Approval #: _____ Date: _____

E5 Motorcycle Operator Instructor Training Course (within 2 years of this application).
Conducted by: _____ MPCTC Course Approval #: _____ Date: _____

E6 Basic Training for Weapon(s) Update (Entry Level for weapon completed)
Conducted by: _____ MPCTC Course Approval #: _____ Date: _____

E7 FTO Training Officer *or* Refresher
Conducted by: _____ MPCTC Course Approval #: _____ Date: _____

SECTION F – EVALUATIONS - ALL evaluations must be conducted while the applicant is a current **Provisional and/or Certified** instructor by a certified instructor in the same discipline.

- F1 **Academic Instructor – Initial**
Minimum 2 satisfactory classroom evaluations of not less than 1 hour each.
Dates of evaluations:
- F2 **Academic Instructor – Renewal**
Demonstrated competency while conducting at least one Commission approved training course within the last 4 years.
Date of evaluation:
- F3 **Firearms Instructor – Initial**
Has conducted a minimum of 4 hours of classroom and 8 hours of firearms firing line instructions. Minimum of 2 satisfactory classroom and 2 satisfactory firing line evaluations of not less than 1 hour each.
Dates of evaluations:
- F4 **Firearms Line Instructor – Initial**
Has conducted a minimum of 8 hours of firing line instructions. Minimum of 2 satisfactory firing line evaluations of not less than 1 hour each.
Dates of evaluations:
- F5 **Firearms Instructor – Renewal**
A minimum of one satisfactory evaluation for firearms classroom instruction and one satisfactory evaluation for firearms firing line operations and skills instructions.
Dates of evaluations: _____
- F6 **Firearms Line Instructor – Renewal**
A minimum of one satisfactory evaluation while providing firearms firing line operations and skills instruction.
Date of evaluation:
- F7 **EVOC Instructor – Initial**
Has conducted a minimum of 16 hours of classroom and 40 hours of practical skills instructions. Minimum of 2 satisfactory classroom and 2 satisfactory practical skills evaluations of not less than 1 hour each.
Dates of evaluations:
- F8 **EVOC Course Safety Officer – Initial**
Has conducted a minimum of 40 hours of practical skills instructions. Minimum of 2 satisfactory practical skills evaluations of not less than 1 hour each.
Dates of evaluations:
- F9 **EVOC Instructor – Renewal**
A minimum of one satisfactory evaluation for EVOC classroom instruction and one satisfactory evaluation, of not less than 1 hour each, for EVOC practical skills exercises instructions.
Date of evaluations:
- F10 **EVOC Course Safety Officer – Renewal**
A minimum of one satisfactory evaluation for EVOC practical skills exercises instructions of not less than 1 hour.
Date of evaluation:
- F11 **Defensive Tactics Instructor – Initial**
Has conducted a minimum of 4 hours of classroom and 8 hours of practical skills exercises instructions. Minimum of 2 satisfactory classroom and 2 satisfactory practical skills evaluations of not less than 1 hour each.
Dates of evaluations:
- F12 **Defensive Tactics Instructor – Renewal**
A minimum of one satisfactory evaluation for defensive tactics classroom and one satisfactory evaluation for defensive tactics practical skills instruction.
Dates of evaluations:
- F13 **Electronic Control Device Instructor – Renewal**
A minimum of one satisfactory evaluation for electronic control device classroom instruction and one satisfactory evaluation for electronic control device practical skills instruction.
Dates of evaluations:
- F14 **Motorcycle Operator Instructor – Initial**
Has conducted a minimum of 4 hours of motorcycle operations classroom and a minimum of 16 hours of motorcycle operations practical skills exercises instructions. Minimum of 2 satisfactory classroom and 2 satisfactory practical skills evaluations of not less than 1 hour each.
Dates of evaluations:

- F15 **Motorcycle Operator Course Safety Officer – Initial**
 Has conducted a minimum of 16 hours of motorcycle operations practical skills exercises instruction. Minimum of 2 satisfactory practical skills evaluations of not less than 1 hour each.
 Dates of evaluations: _____
- F16 **Motorcycle Operator Instructor – Renewal**
 A minimum of one satisfactory evaluation for motorcycle operator classroom and one satisfactory evaluation for motorcycle operator practical skill exercise instruction.
 Date of evaluations: _____
- F17 **Motorcycle Operator Course Safety Officer – Renewal**
 A minimum of one satisfactory evaluation for motorcycle operator practical skills exercise instruction.
 Date of evaluation: _____
- F18 **Field Training Officer – Renewal**
 Within every 4 years following initial completion of a field training officer course, successfully complete a minimum of 7 hours of cumulative instruction that have been approved by the Commission. **This must be completed prior to expiration date.**

SECTION G – WEAPON QUALIFICATION

Weapon Qualification – Officers need to shoot a Commission approved course with a score of 90% or better within 60 days of this application.

<u>WEAPON</u>	<u>SCORE</u>	<u>DATE</u>
Revolver	_____	_____
Semi-Auto Pistol	_____	_____
Any Handgun with Red Dot Sights	_____	_____
Type 1 Long Gun – (Counter Sniper)	_____	_____
Type 2 Long Gun – (Scoped more than 4 power, but NOT Sniper)	_____	_____
Type 3 Long Gun – (Patrol Rifle, Mini 14 or Sub Machine Gun)	_____	_____
Type 4 Long Gun – (Shotgun)	_____	_____

SECTION H – ELECTRONIC CONTROL DEVICE – AUTHORIZATION TO CARRY OR USE

Is authorized by employing agency to carry or use the specific make and model of electronic control device(s) for which applying for instructor certification. List the Electronic Control Device(s) the officer is authorized to carry or use:

Manufacturer _____ Model _____
 Manufacturer _____ Model _____
 Manufacturer _____ Model _____

SECTION I – WAIVER OF ACADEMIC INSTRUCTOR or FIELD TRAINING OFFICER TRAINING

Waiver requested for Section(s): _____

Attach documentation justifying waiver and alternative experience, training, evaluation, etc. Refer to COMAR 12.04.06.07E, 12.10.06.07E or COMAR 12.04.01.17D (4) regulations for specific waiver requirements and required documentation. You may not submit your own waiver request.

SUBMISSION ENDORSEMENTS

The information provided in this Application for Instructor Certification is true to the best of my knowledge and is supported by documents maintained by this agency. The applicant named herein is in full compliance with the regulations of the Maryland Police Training Commission and /or the Maryland Correctional Training Commission as they pertain to their position and responsibilities. The Agency Representative’s Signature is endorsing that the applicant has demonstrated satisfactory competency while conducting a Commission approved training course(s) within his/her previous certification period. It is the agencies responsibility to maintain all evaluations and supporting documentation for audit purposes. **You may not sign your own application.** Please submit this application and supporting documentation (if required) to: MPCTCInstructorapplications.dpscs@maryland.gov

 Applicant’s Signature Date e-mail address

 Authorized Agency Representative Name and Title (printed) Telephone # e-mail address

 Authorized Agency Representative Signature Date