



# Maryland Police & Correctional Training Commissions

6852 4<sup>th</sup> Street, Sykesville, MD 21784 • (410) 875-3400 • MPCTC.Instructorapplications@maryland.gov

## APPLICATION FOR INSTRUCTOR CERTIFICATION

Please Type or Print clearly

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

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

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

<b>FOR MPCTC USE ONLY</b>			
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  
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 evaluations: \_\_\_\_\_
- 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 evaluations: \_\_\_\_\_
- 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 evaluations: \_\_\_\_\_
- 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 evaluations: \_\_\_\_\_
- F18  **Field Training Officer – Renewal**  
 A minimum of 7 cumulative hours of FTO in-service training within the last 4 years.  
**Training Date with approval code must be listed below.**

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

**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.

**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. Submit application and supporting documentation (if required) to: [MPCTC.instructorapplications@maryland.gov](mailto:MPCTC.instructorapplications@maryland.gov)

\_\_\_\_\_  
 Applicant’s Signature Date e-mail address

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

\_\_\_\_\_  
 Agency Representative Signature Date