Police and Correctional Training Commissions
6852 4th STREET• SYKESVILLE, MARYLAND 21784 • https://mpctc.dpscs.maryland.gov
(410) 875-3400 • Email: MPCTCProgramapprovals.dpscs@Maryland.gov

INITIAL ELECTRONIC CONTROL DEVICE PROGRAM APPROVAL APPLICATION

RETURN APPROVAL TO:		FOR MPCTC U	SE ONLY:
Agency Name:	Agency Code: _	Approval Period: _	
Contact Name:			
Telephone:		Approval Number:	
Email:			
INITIAL ELECTRONIC CO	ONTROL DEVICE	Police Corre	ctions
Total Program Hours:			
Manufacturer:	Mo	del(s):	
Instructor(s): Attach list to include n	ame and officer certification	number.	
Classroom: (attach a course syllaburelated to the specific manufacturer's characteristics, capabilities, limitation policy and procedures, agency and other psychological effects, target zones, singular potential collateral occurrences, safety on a written examination that tests the Demonstrate Proficiency related to manufacturer's model of an ECD the checks of the device, transition betwee reloading (if applicable), restraint of a	model of an ECD for which is, maintenance, operational pher protocols, judgment and ode effects and individuals with yof transport, storage and use officer's comprehension of at a minimum requires an officer is to be authorized to en a firearm and/or other tact	the officer is to be authorized to carry or inciples and technology, proper EC decision making, legal considerations than elevated risk, after-care measures. An officer shall achieve a minimum the above topics. Efficer to demonstrate skills related to carry or uses as part of official duties ical equipment and ECD, proper carry	y or use: nomenclature, D use addressing; agency s, physiological and es, defensive measures, m passing score of 70 percent the proper use of the specific s; operational and functionality
Discharge Requirements (if the devofficer is to be authorized to carry or			nufacturer's model of ECD the
Permission to deviate from the require said program. MPCTC Regulations renot necessary to send any other docuragency.	equire that all ECD Instructor	s be certified by MPCTC and that the	eir certification be current. It is
I certify that all information provid	led on this application is tru	e and correct.	
Agency Representative Name	Signature	Email	Date

April 2022 ECD_INITIAL