



Maryland Police & Correctional Training Commissions

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

APPLICATION FOR SG TRAINING PROVIDER OR PROGRAM APPROVAL

Please Type or Print clearly

Applicants Last Name:		MI:		First Name:	
Company/Agency Name:				Agency Code:	
Address:				Telephone:	
Contact:				Email:	

THIS APPLICATION IS FOR (check ALL that apply; then complete the section(s) indicated):

Security Guard Initial Training Program (ITP) A

Security Guard In-Service Training Program (ISTP) B

Security Guard Authorized Training Provider Instructor C, D Renewal

FOR MPCTC USE ONLY

ITP/ISTP Approval Number: _____

Date Reviewed/Amended: _____

Authorized Trainer Approved/Denied: _____

Date Reviewed/Amended: _____

SECTION A – SG Initial Training Program (ITP)

Program Title: _____ Program Date(s): _____

Total Program Hours: _____ (min. 12 hours)

The following documents **must be submitted** with this application.

- Brief Description of the program
 - Training Location
 - Authorized Training Provider (name, provider number).

 - Identify where each of the objectives is taught and tested to include Testing Method. Specific Objective numbers should be indicated.
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SECTION B – SG In-Service Training Program (ISTP)

Program Title: _____ Program Date(s): _____

Total Program Hours: _____ (up to 8 hours)

The following documents **must be submitted** with this application.

- Brief Description of the program
- Training Location
- Authorized Training Provider (name, provider number).

- Identify where each of the objectives is taught and tested to include Testing Method. Specific Objective numbers should be indicated.
- Special Certifications if applicable (i.e. CPR Cards, etc.).

If courses are longer than 3 hours than the instructor must be an Authorized Training Provider.

SECTION C – AGE REQUIREMENT:

Applicant is at least 21 years of age.

Date of Birth: _____
Month Day Year

SECTION D – AUTHORIZED TRAINER REQUIREMENTS

Previous SPO Authorized Trainer or MPCTC Certified Instructor Certification Number Required _____

Or

Prior Police, or other law enforcement, Military or Security Guard Experience of (5) Years. List Agency/Branch and dates of service.

Or

Completed an Academic Instructor Training Course Approved or Recognized by MPCTC within (4) years. Must provide Certificate.

Conducted by Agency: _____ MPCTC Course Approval #: _____ Date: _____

SUBMISSION ENDORSEMENTS

The information provided in this application for Authorized Trainer/Training is true to the best of my knowledge and is supported by documents maintained by this company/agency. The applicant named herein is in full compliance with the requirements MPCTC and the Public Safety Article as they pertain to their positions and responsibilities as an SG Authorized Trainer/Provider. It is the company's/agency's responsibility to maintain all supporting documentation for audit purposes.

You may not sign your own application, a party at your agency must authorize your request.

Training Provider Applicant's Signature	Date	e-mail address
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Company/Agency Representative Name and Title (printed)	Telephone #	e-mail address
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Company/Agency Representative Signature	Date
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Submit application and supporting documentation (if required) to:

Maryland Police and Correctional Training Commissions
Certification Unit
6852 4th Street
Sykesville, Maryland, 21784
Email to: MPCTCcertifications.dpsecs@maryland.gov