



# Maryland Police & Correctional Training Commissions

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

## APPLICATION FOR SPO TRAINING PROVIDER OR PROGRAM APPROVAL

Please Type or Print clearly

<b>Applicants Last Name:</b>		<b>MI:</b>		<b>First Name:</b>	
<b>Company/Agency Name:</b>				<b>Company ID#:</b>	
<b>Address:</b>				<b>Telephone:</b>	
<b>Contact:</b>				<b>Email:</b>	

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

SPO Initial Training Program (ITP)  A

SPO In-Service Training Program (ISTP)  B

**Authorized Training Provider**  Instructor C, D  Renewal

If currently or previously certified with MPCTC, please enter your Certification Number: \_\_\_\_\_

### FOR MPCTC USE ONLY

ITP/ISTP Approval Number: \_\_\_\_\_

Date Reviewed/Amended: \_\_\_\_\_

Authorized Trainer Approved/Denied: \_\_\_\_\_

Date Reviewed/Amended: \_\_\_\_\_

**SECTION A – SPO Initial Training Program (ITP)**

Program Title: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

**Total Program Hours:** \_\_\_\_\_ (*min. 80 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 – SPO In-Service Training Program (ISTP)**

Program Title: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

**Total Program Hours:** \_\_\_\_\_ (*up to 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.
- 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.*

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**SECTION C – AGE REQUIREMENT:**

Applicant is at least 21 years of age.

Date of Birth: \_\_\_\_\_  
                            Month           Day           Year

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**SECTION D – AUTHORIZED TRAINING PROGRAM (Train the Trainer) (*must attach certificate of completion*).**

Completed a Basic or Enhanced Academic Instructor Training Course Approved or reviewed by MPCTC

Conducted by (Agency): \_\_\_\_\_ MPCTC Course Approval #: \_\_\_\_\_ Date: \_\_\_\_\_

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**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 of the Maryland State Police and Public Safety Article as they pertain to their positions and responsibilities as an SPO 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.**

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Training Provider Applicant's Signature	Date	e-mail address
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Company/Agency Representative Name and Title (printed/typed)	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 4<sup>th</sup> Street  
Sykesville, Maryland, 21784

Email to: [MPCTCertifications.dpscs@maryland.gov](mailto:MPCTCertifications.dpscs@maryland.gov)