



INSTRUCTIONS

1. This form is to be used to approve instructors for Board-certified courses only.
2. This form must be completed by the applicant, signed by the requesting training entity (academy, MTU, or approved private vendor) and sent to the Board for review and approval. No instructor approval will be granted to an individual unless they are teaching for an MTU, academy or approved private vendor.
3. Use the fillable form, found online, at <https://www.ptb.illinois.gov/media/1231/form-c.pdf>. If extra space is needed, please attach additional sheets.
4. All available information must be furnished in detail as requested. The information provided will be used to determine the applicant's qualifications as an instructor. Submit any supporting material you deem appropriate, including résumé..
5. If an item does not apply, write in the letters "N.A." for Not Applicable.
6. Attach a copy of the training certificate for all instructor, train-the-trainer, or other applicable courses attended by the applicant. (E.G. Firearms instructor approval requires Board-certified Police Firearms Instructor course or completion of the FBI course.)

Specific courses (listed below) require completion of a certified Train-the-Trainer course and a copy of the applicant's certificate of completion must be attached. Examples include, but are not limited to:

- Police Firearms Instructor course
- NHSTA's Standardized Field Sobriety Instructor course
- Control Tactics/Defensive Tactics Instructor course
- Drug Recognition Expert certification
- Sexual Assault Investigator course
- IEMA Hazardous Materials Awareness Instructor certification
- American Red Cross/American Heart Association 1st Aid/CPR instructor course

7. It is the responsibility of the requesting training entity to review and ensure proper documentation is received and the application is complete. Once completed, submit the application to your MTU and/or Academy. Who will sign off in section 10 Recommendations and submit to PTB.Applications@illinois.gov.
8. Board approval letters will be sent to the requesting training entity once approved by Board staff.

1. PERSONAL DATA

Last Name	First	Middle	Date of Birth
Contact Phone Number			Email

2. LAW ENFORCEMENT, PUBLIC SAFETY OR PROFESSIONAL EXPERIENCE

Name & Address of Agency	Dates of Employment	Rank or Position
1.		
2.		
3.		

3. RELATED TRAINING (Pertaining to the subject matter to be taught)

Name of School/Course Title	Number of Hours	Date Completed

4. INSTRUCTOR TRAINING

Have you successfully completed an Instructor Development course? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours?
Where received?
Date training completed?

5. PREVIOUS INSTRUCTIONAL EXPERIENCE

Indicate your prior or recent teaching experience, to include courses, dates and where taught.

6. EDUCATION

Name and City of High School Attended	Date of Graduation or Highest Level Achieved

Name of College or University Attended	Name of Major	Dates Attended	Degree *

*Indicate degree awarded or, if none, credit hours completed.

7. SPECIAL QUALIFICATIONS OR SKILLS

Indicate pertinent information for the course(s) to be taught - such as volunteer activities, special skills, ability to operate special equipment, knowledge of foreign languages, important publications, and membership in professional/scientific organizations.

State license(s) or certificate(s)			
License or Certificate Number	State or other licensing authority	Date Issued	Current
			<input type="checkbox"/> Yes
			<input type="checkbox"/> No

8. COURSE, SUBJECT OR TOPIC APPLICANT WILL INSTRUCT

List each subject or topic which the applicant will instruct (if part of a basic course such as BLE or BCO, list the major area of the curriculum – E.G. Police Function & Human Behavior – **THEN** list the specific block(s) of instruction – E.G. Gangs, etc. – the applicant will be teaching).

9. ATTEST

I certify that all the information provided in this application is true, complete, and correct to the best of my knowledge and belief.

Applicant Signature

Date

10. RECOMMENDATIONS *

I have examined the above application, verified that it was made in good faith, and recommend the applicant for approval as an instructor of a Board-certified course.

Name (Print)

Signature

Position

Training Entity

Email

Date

* Required from academy director or mobile team unit coordinator where course will be delivered. Individual must be teaching for MTU or academy – not a private vendor.