



Application for Instructor Approval
 Illinois Law Enforcement Training and Standards Board
 4500 South 6th St Road, Rm173
 Springfield, Illinois 62703-6177
 Telephone: (217) 782-4540

INSTRUCTIONS

1. Use typewriter if available. Otherwise, print clearly in dark ink. If extra space is needed, attach additional sheets.
2. All data must be furnished in detail as requested. The information you provide will be used to determine your qualifications as an instructor.
3. If an item does not apply to you, write in the letters "N.A." for Not Applicable.
4. This form must be completed by the applicant, including the obtaining of necessary recommendations, and forwarded to the Board for action.
5. Board action will be reported to the applicant.
6. This form is to be used to certify instructors for "Board" approved courses only.
7. Attach a copy of "Firearms" certification, if instructor wants to teach that discipline.

1. PERSONAL DATA

| | | | |
|---------------------|-------|-------------|------------------------|
| Last Name | First | Middle | Date of Birth |
| Home Street Address | | | Place of Birth |
| City | State | Zip Code | Social Security Number |
| Home Number | | Work Number | Fax Number |

2. LAW ENFORCEMENT, PUBLIC SAFETY OR PROFESSIONAL EXPERIENCE

| Name & Address of Agency | Dates of Employment | Rank or Position |
|--------------------------|---------------------|------------------|
| 1. | | |
| | | |
| 2. | | |
| | | |
| 3. | | |
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3. RELATED TRAINING Pertaining to the Subject Matter to be Taught

| Name of School/Course Title | Number of Hours | Date Completed |
|-----------------------------|-----------------|----------------|
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4. INSTRUCTOR TRAINING

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| Have you successfully completed an instructor training course? |
| How many hours? |
| Where received? |
| |
| Date training completed? |
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5. PREVIOUS INSTRUCTIONAL EXPERIENCE

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

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

| 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

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|--|------------------------------------|------------------------|--|
| <p>Indicate pertinent information, such as volunteer activities, special skills, ability to operate special equipment, knowledge of foreign languages, your most important publications, and membership in professional or scientific organizations.</p> | | | |
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| <p>Kind of license or certificate (For example, breath alcohol, polygraph, medical, nurse, pharmacy, psychologist, public accountant, social worker, etc.)</p> | | | |
| | | | |
| | | | |
| License or Certificate Number | State or other licensing authority | Date Issued Mo. Yr. | Current <input type="checkbox"/> Yes <input type="checkbox"/> No |

8. SUBJECT OR TOPIC APPLICANT WILL INSTRUCT

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| <p>List each subject or topic which you intend to teach. (Copies of instructor certifications, licenses and accreditations in support of professional status must be included. Please limit these to the actual topic of instruction to be taught. A sample lesson plan for one of these subjects or topics indicated must be prepared and submitted with this application).</p> |
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9. ATTEST

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

10. RECOMMENDATIONS *

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|--|-----------|
| I have examined the above application, verified that it was made in good faith, and recommend the applicant for approval as an instructor. | |
| Signature | Signature |
| Position | Position |
| Date | Date |

* Required from academy director or mobile team unit director where course will be delivered.

11. FOR USE BY BOARD STAFF

| | |
|--|------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | |
| Reason for disapproval | |
| | |
| | |
| Signature of Executive Director | Date |