Form A2 (2021)

Illinois Law Enforcement Training and Standards Board 4500 South 6^{th} Street Road, Rm 173 • Springfield, Illinois 62703-6177 • Telephone: (217) 782-4540

Executive Institute/MTU Course Certification Application ctor: 2. Course Title: 3. Hours in Course:

1. Course Vendor/Instructor:	2. Course Title:	3. Hours in Course:	
4. Course objective and narrative description (use additional pages, if necessary):			
5. Method of evaluating stated objectives (if applicable):			
6. Method of presentation (indicate all techniques used): □ Lecture □ Demonstration □ Simulation □ Scenario/Role Playing □ Conference □ Online □ Other			
7. I believe the reviewed and submitted course materials meet the mandated training guidelines for (check all that apply):			
Mandate		Total Hours	Scenario-Based Hours
□Civil Rights			
☐ Constitutional/Proper Use of LE Authority			
☐ Crisis Intervention			
☐ Cultural Competency			
☐ Emergency Medical Response			
☐ Human Rights			
☐ Legal Updates			
☐ Officer Wellness and Mental Health			
☐ Procedural Justice			
☐ Psychology of Domestic Violence			
☐ Reporting Child Abuse and Neglect			
\square Sexual Assault Trauma Informed Response			
$\hfill\Box$ Use of Force (excluding below subsections)			
☐ De-escalation Techniques			
\square High-risk Traffic Stops			
\square Law concerning stops, searches, and use of force			
\square Officer Safety Techniques			
Specialized	d Training	Total Hours	Scenario-Based Hours
\square Crisis Intervention Team Training (CIT)			
\Box Lead Homicide Investigator			
☐ School Resource Officer (SRO)			
☐ Sexual Assault Investigator Training			
12. Is this course copyrighted or license protec	ted? □ Yes □ No	If yes, then complete ${f Form}~{f X}$	
8. I certify that the information contained herein is true and complete to the best of my knowledge and the training course(s) has been vetted pursuant to our MTU policy and is/are of sufficient quality for Board certification. I authorize investigation of all facts contained in this Application and agree to provide any additional information as may be required by the Board. I understand that false or misleading information given in this Application or interview/s may result in immediate decertification of this course and/or any course offered by the Applicant.			
MTU Coordinator or Chairman:		Date of Request:	