



Application for Instructor Approval

Illinois Law Enforcement Training and Standards Board
4500 S. Sixth Street Road
Springfield, Illinois 62703
Telephone: (217) 782-4540

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 and requesting MTU or academy, signed by MTU coordinator or academy director as recommended for approval, and sent to the Board for action by the MTU or academy. No instructor approval will be granted to an individual unless they are teaching for an MTU or academy.
3. Use typewriter if available. Otherwise, print clearly in dark ink. If extra space is needed, attach additional sheets.
4. All data must be furnished in detail as requested. The information provided will be used to determine the applicant's qualifications as an instructor.
5. If an item does not apply, write in the letters "N.A." for Not Applicable.
6. Attach a copy of all instructor, train-the-trainer, or other applicable courses attended by the applicant. E.G. Firearms instructor approval requires Board-certified or approved Police Firearms Instructor course.
7. Board approval letters will be reported to the requesting MTU or academy.

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?
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 Mo. Yr.	Current <input type="radio"/> Yes <input type="radio"/> 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 rather than Domestic Violence)

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.	
Signature of Applicant	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.	
Print name	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.

11. FOR USE BY BOARD STAFF

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