



INSTRUCTOR INSTRUCTION HOURS

Instructor's Name: _____

Instructor's Agency: _____

Instructor Re-Certification Applying For: _____

Total number of instruction hours (minimum 6, for 2017): _____

(List Training, Location, and Hours below.)

Training	Location	Hours

(NOTE: Use additional page if needed. Must be for approved DCJS credit.)

Name of Agency Head (Print): _____ **Agency:** _____

Signature of Agency Head (or designee): _____ **Date:** _____

By submission of this documentation, the agency and academy requesting re-certification of the above named individual as a criminal justice instructor is attesting to compliance with the requirements of the "Rules Relating to Certification of Criminal Justice Instructors" to include all employment, training and instruction requirements. Specifically, the Agency Administrator or Designee of the employing agency is attesting that the applicant meets all employment/instruction requirements and requesting that the applicant be re-certified as an instructor. The certified academy director is responsible for maintaining documentation of completion of training and completion of instruction is on file for inspection and review purposes during academy re-certification.