

INSTRUCTOR DEVELOPMENT COURSE APPLICATION

To apply, complete and sign this form and obtain your agency administrator's approval. Please mail this application to the Standards and Training for Corrections Division, Attention Greg Hosman. All applications will be acknowledged. Applications accepted for participation will receive confirmation and additional information about the training course.

SECTION 1: APPLICANT INFORMATION

1. NAME (Last, First, Middle)		2. CLASSIFICATION/JOB TITLE	
3. AGENCY NAME		4. YEARS IN POSITION	
5. APPLICANT'S WORK ADDRESS			
6. CONTACT NUMBER () EXT.		8. TYPE OF AGENCY <input type="checkbox"/> Probation Department <input type="checkbox"/> Sheriff's Department <input type="checkbox"/> Police Department <input type="checkbox"/> CCF <input type="checkbox"/> County DOC	
7. E-MAIL ADDRESS		9. Please write the dates and location of the class in which you plan to attend: Dates: _____ Location: _____	

SECTION 2: TRAINING MANAGER AND AGENCY INFORMATION

10. TRAINING MANAGER (Full Name)		11. CLASSIFICATION/JOB TITLE	
12. TRAINING MANAGER'S CONTACT NUMBER () EXT.		13. EMAIL ADDRESS	
14. TRAINING MANAGER'S WORK ADDRESS		15. CITY	16. ZIP
17. AGENCY ADMINISTRATOR (Full Name)			
18. HEADQUARTERS ADDRESS (If different than above)		19. CITY	20. ZIP

SECTION 3: APPLICANT COMMITMENT

I will abide by the following condition for attending the Instructor Development Course (IDC):

I agree to take part in all learning activities through active class participation.

Is one of your responsibilities staff training? Yes No If yes, (Please check the appropriate box)

21. SIGNATURE OF APPLICANT (In Full)		22. DATE
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SECTION 4: AGENCY ADMINISTRATOR APPROVAL

I understand that my endorsement of the above-named applicant to attend the Instructor Development Course required the applicant to make a commitment of time and effort as described above.

"Administrator" means the top levels of administration of a department and includes the following types of positions:

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| (1) County Sheriff | (6) County Director of Corrections |
| (2) Undersheriff/Assistant Sheriff | (7) Assistant Director of Corrections |
| (3) Chief Deputy of Commander | (8) Chief of Police |
| (4) County Probation Officer | (9) Assistant Chief of Police |
| (5) Assistant County Probation Office | (10) Warden/Director of CCF |

23. SIGNATURE OF AGENCY ADMINISTRATOR (In Full)		24. DATE
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