



Florida Department of Law Enforcement

# INSTRUCTOR CERTIFICATION APPLICATION



**CJSTC  
71**

Incorporated by Reference in Rule 11B-20.0016(1)(c), F.A.C.

Please type or print in black or blue ink and use capital and small letters to write names, titles, and addresses

- Social Security Number (Optional): \_\_\_\_\_
- Name: \_\_\_\_\_  
Last First MI
- Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Ethnic group or race:  Hispanic  White  Asian  
 Black  American Indian/Native Alaskan
- Sex:  Male  Female
- Enter "X" in the box that indicates your current status:  
 Officer  Non-Officer or Civilian\*

\*For non-sworn applicants the training center director shall ensure the applicant has no felony convictions.

- Employer: \_\_\_\_\_  
(Do not abbreviate employer name)
- Employer Address: (Street) \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Pager or Cellular Telephone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

- Enter "X" in one of the boxes to apply for:  
 New  Recertification  Add Subjects

An instructor applicant shall attach a resume, copies of instructor course completion certificates, proficiency demonstration forms, if applicable, and form CJSTC-81. To add subjects, applicants shall attach the instructor course completion certificates and proficiency demonstration forms, if applicable. Renewing first responder applicants shall be required to attach a copy of their CPR Instructor Card.

- After January 1, 1994, new instructors and those renewing shall have completed, a one-time only requirement, Human Diversity Concepts for Trainers Program. **Date completed the 8-hour Human Diversity Concepts for Trainers:** \_\_\_\_\_

- Separate course OR
- Included in Instructor Techniques

- Enter "X" by each subject you are applying for certification:

- |  |  |
|--|--|
| <input type="checkbox"/> General Subjects        | <input type="checkbox"/> Canine Team Instructor      |
| <input type="checkbox"/> Human Diversity         | <input type="checkbox"/> Speed Measurement           |
| <input type="checkbox"/> Defensive Tactics       | <input type="checkbox"/> Breath Test                 |
| <input type="checkbox"/> Medical First Responder | <input type="checkbox"/> CMS General Subjects        |
| <input type="checkbox"/> Law                     | <input type="checkbox"/> CMS Firearms                |
| <input type="checkbox"/> Firearms                | <input type="checkbox"/> CMS Defensive Tactics       |
| <input type="checkbox"/> Law Enforcement         | <input type="checkbox"/> CMS Law Enforcement         |
| Vehicle Operations                               | Vehicle Operations                                   |
|  | <input type="checkbox"/> CMS Medical First Responder |

- The applicant agrees that he or she has not been convicted of a felony or misdemeanor involving perjury or a false statement; has not received a dishonorable discharge from any of the Armed Forces of the United States; and has not after July 1, 1981, pled guilty or nolo contendere or have been found guilty of any felony or of a misdemeanor involving perjury or a false statement, notwithstanding suspension of sentence or withholding of adjudication; and has not had a certification issued by the Criminal Justice Standards and Training Commission relinquished or revoked.

Signature

Date Signed

I hereby affirm that the above information is true and can be verified by documents on file with the training school. Training school staff: **After the training center director or designee has signed and dated this completed form, contact your Regional Field Specialist for approval.**

- \_\_\_\_\_  
Training Center Director's or Designee's Signature

Date signed: \_\_\_\_\_

- \_\_\_\_\_  
Training School Number

### CJSTC USE ONLY

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General Subjects        | <input type="checkbox"/> Firearms                           | <input type="checkbox"/> CMS General Instructor                 |
| <input type="checkbox"/> Human Diversity         | <input type="checkbox"/> Law Enforcement Vehicle Operations | <input type="checkbox"/> CMS Firearms                           |
| <input type="checkbox"/> Defensive Tactics       | <input type="checkbox"/> Canine Team Instructor             | <input type="checkbox"/> CMS Defensive Tactics                  |
| <input type="checkbox"/> Medical First Responder | <input type="checkbox"/> Speed Measurement                  | <input type="checkbox"/> CMS Law Enforcement Vehicle Operations |
| <input type="checkbox"/> Law                     | <input type="checkbox"/> Breath Test                        | <input type="checkbox"/> CMS Medical First Responder            |

Criminal Justice Standards and Training Commission Signature

Review date

Expiration date

Effective 1/1/1992

Original - FDLE

1<sup>st</sup> Copy - Training School

2<sup>nd</sup> Copy - Applicant

3<sup>rd</sup> Copy - Field Rep

Revised 2/7/2002

## **INSTRUCTIONS FOR COMPLETING FORM CJSTC-71**

- Use this form to apply to renew or add subject(s) to your
- Criminal Justice Standards and Training Commission (CJSTC) instructor certification
- Complete items 1-12 and submit to the Commission-certified criminal justice in your region.
- The training school administrator shall review the instructor's credentials and abilities. The administrator shall approve and sign your instructor certification application upon finding your credentials and abilities satisfactory.
- The training school shall submit the approved application to your Regional Field Specialist.

### **HOW TO COMPLETE EACH ITEM**

1. **Social Security Number.** (Optional) Enter your social security number. Example: 000-00-0000.
2. **Name.** Enter your legal name. Enter your last and first name. If you have a middle initial, enter it above "MI."
3. **Date of birth.** Enter your date of birth with two digits for the month, two digits for the day and the last two digits of the birth year. Example: 08-21-1962.
4. **Ethnic group or race.** Enter X in the box beside your ethnic group or race. Read how ethnic groups and races are defined before placing your X.
  - a. **Hispanic:** All persons of Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. May be either white or black.
  - b. **Asian or Pacific Islander:** Originated from the original peoples of Far East, Southeast Asia, Indian Subcontinent, or Pacific Islands. (Examples are: China, Japan, Korea, Philippine Islands, and Samoa.)
  - c. **American Indian or Native Alaskan:** Originated from the original peoples of North America and maintain cultural identification through tribal affiliation or community recognition.
  - d. **Black:** Originated from the Black racial groups of Africa, but not of Hispanic origin or culture.
  - e. **White:** Originated from the original peoples of Europe, North Africa or Middle East, but not of Hispanic origin or culture.
  - f. **Other:** Individuals who are not Hispanic, Asian, Pacific Islander, American Indian, Native Alaskan, Black or White.
5. **Sex.** Enter X in the box for your "Sex."
6. **Current Status.** Enter X in the appropriate box that indicates your current status. If the applicant is non-sworn, the training school shall ensure that the applicant does not have any felony convictions.
7. **Employer.** Enter the name of agency, school, or business where you are employed.
8. **Employer's address.** Enter your employer's address. Enter the street address, including the apartment number or P.O. Box number, on the first line. Enter the city on the second line. Enter the state and nine-digit zip code on the third line. Enter the first five digits before the dash and last four digits after the dash. Enter the employer's telephone number. Enter the employer's pager or cellular telephone number and E-mail address if applicable.
9. **Applying for new certification, recertification or adding subjects.** Enter X in the box beside NEW if applying for new certification. Enter X in the box beside RECERTIFICATION, if your certification has lapsed in one or more subjects. If you possess a certification in one or more subjects and are applying for certification in additional subjects, enter X in the box beside "Add Subjects."
10. After January 1, 1994, instructors who apply for a new or renewed certification shall completed the 8-hour Human Diversity Concepts for Trainers program. Indicate the date the course was completed and what type of course was taken. This course needs to be completed only once for all renewed instructors.
11. **Subject(s) for which you're applying for certification.** Enter X in the box beside each subject for which you are requesting CJSTC certification.
12. **Applicant's signature.** The applicant shall read and SIGN this form. Instructor applications are not valid unless signed by the applicant. **Date signed:** Enter the date you sign your name. Example: 06-07-1991.

### **After you've completed items 1-12, submit this application to a CJSTC approved training school.**

13. **Training Center Director's signature.** After verifying the applicant's credentials and abilities, the training school administrator or designee shall also sign this form. **Date signed.** The training center director or designee shall record the date they signed the this form. Example: 11-28-1991.
14. **Training school name and number.** Enter the training school's name and two-digit training school number of the school that is evaluating your credentials and abilities. The training school staff shall provide you with the correct number.