

Instructional Time Submittal Form

To be completed when an officer instructs a course

Officer Information

Last Name:

First Name:

MI:

Rank:

Last 4 Digits of SSN:

Training Information

Course Name:

Date(s):

Course Hours (i.e. 07:00-16:30):

Total Hours Credited:

Location:

Documentation Included:

Goals/Objectives Lesson Plan Training Manual Handout(s) Other:

Instructor Verification

I acknowledge presenting / teaching a class on the course listed above.

The course was taught in accordance with my training as an instructor or presenter for the covered subject matter and in accordance with any department policy or procedure.

A copy of the instruction material presented is on file with the agency head or designee.

OR

This class was taught at _____
and a copy of the instructional material is on file at that location.

For Use of Force & Tactics Courses Only:

I acknowledge that a safety/health and welfare check was completed prior to the class beginning.

Signed _____

Officer's Signature

Department Verification

Training credit is Awarded Denied: Reason for denial: _____

Date: _____

Signed: _____

Agency Head/Training Officer/Designee

Printed Name: _____

Tracking

Entered into training log

Documentation filed