



# INSTRUCTOR RE-CERTIFICATION PACKET

Vermont Criminal Justice Training Council

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 Pittsford, VT 05763  
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 Fax: 802-483-2343

**Re-certification:** To be re-certified, you must submit an application for Instructor Re-certification and an Instructor Activity Form. It is your responsibility to request re-certification every two years after initial 1-year certification is granted. Additionally, a refresher course in your area of certification may be required every two years.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ SSN (last 4): \_\_\_\_\_

Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Home (optional): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Subject Area (s) for Re-Certification: \_\_\_\_\_

Any training applicable to the subject area in which an instructor re-certification is requested **and** which has been received since the last instructor certification (please attach certificates and additional paperwork as necessary).

DATES	COURSE	LOCATION	TOTAL HOURS

**Complete the following *Instructor Activity Sheet* on page 2.**

- Dates:** Date you taught the course
- Location:** Agency or agencies involved
- Level:** 3 = Level III Basic Training
- 2 = Level I/II Basic Training
- I = In-service Training at Academy
- A = In-service Training at Agency

# INSTRUCTOR ACTIVITY SHEET

DATE	LOCATION	LEVEL	# HOURS	# STUDENTS

The information contained herein is true and correct to the best of my knowledge. I agree to make myself available to instruct for the Vermont Criminal Justice Training Council in my area of certification at least once each calendar year.

\_\_\_\_\_

Re-certification Applicant Signature

\_\_\_\_\_

Date

I, \_\_\_\_\_, being the agency head (or designee) for the applicant's agency, do hereby approve the applicant's request for instructor certification in the subject area indicated herein, and I know the applicant to be knowledgeable and capable of instructing in said subject area. I agree to make the applicant available to instruct for the Vermont Criminal Justice Training Council at least once each calendar year.

\_\_\_\_\_

Agency Head/Designee Signature

\_\_\_\_\_

Date

<u>Staff Use Only</u>
Date received:
Date approved by staff:
Date certification expires:
Approving staff signature:
Date approved by Director:
Director's signature: