

GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL

MASTER INSTRUCTOR TRAINER APPLICATION

APPLICANT NAME: _____ S.S.N. _____

Post Instructor Certification Date: ___/___/___ Certified as a General

Instructor ___ Specialty Instructor ___ Senior Instructor ___ (Signify by X

or X's) Years/Months Criminal Justice experience: ___/___.

Employing Agency: _____ Date Employed: ___/___/___

REQUIRED INSTRUCTIONAL POINTS

After Senior Trainer Certification is achieved, accumulation of twenty (20) instructional points must be obtained in service with the Instructor Training Course. These are to be obtained as follows:

A. Instructional delivery of designated topic(s):

- 1. Ten (10) of the required twenty (20) instructional points must be accumulated by actual instruction in the ITC: one (1) point maximum to be earned per ITC.
2. Student lesson plan/presentation evaluation; one (1) point per ITC block.
3. Submission of application for Master Instructor Trainer to POST Training Standards Division.

INSTRUCTIONAL TRAINING POINT LOG

Instructional delivery was made at the following academy(s);

Table with 4 columns: Date, Academy, Dir. Initials, 1 point. Multiple rows for recording training points.

Student lesson plan/presentation evaluations were made as follows:

Date ___/___/___ Stud. Name: _____ Subject: _____

(Continued on reverse side)

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Date ___/___/___ Stud. Name: _____ Subject: _____

Academy: _____ Dir. Initials _____ 1 point

Total 20 points

Signed: _____ Date: ___/___/___

Applicant

___ I recommend this applicant be certified as a Master Instructor.

___ I DO NOT RECOMMEND Certification.

Signed: _____ Date: ___/___/___

Primary Academy Director's Signature

Academy Name: _____

Agency/Department Head Concurrence: _____ Date: ___/___/___

Signature

FOR POST USE ONLY

Approved by: _____ Date: ___/___/___ Cert. Number: _____

Not Approved by : _____ Date: ___/___/___ Reason: _____