

(Senior.PW)

**GEORGIA PEACE OFFICER STANDARDS AND TRAINING COUNCIL**

**SENIOR INSTRUCTOR TRAINER APPLICATION**

APPLICANT NAME: \_\_\_\_\_ S.S.N. \_\_\_\_\_

Past Instructor Certification Date: \_\_\_/\_\_\_/\_\_\_ Certified as a General Instructor \_\_\_\_\_ and/or Specialty Instructor \_\_\_\_\_. (Signify by X or X's)

Years/Months Criminal Justice experience: \_\_\_/\_\_\_.

Employing Agency: \_\_\_\_\_ Date Employed: \_\_\_/\_\_\_/\_\_\_

**TOPIC INSTRUCTION**

Internship Program

Phase I

Date Topic Observed: \_\_\_/\_\_\_/\_\_\_ Location: \_\_\_\_\_

Phase II

Date Topic Taught: \_\_\_/\_\_\_/\_\_\_ Site Topic Taught: \_\_\_\_\_

Evaluated by a Senior/Master Instructor? YES \_\_\_\_ NO \_\_\_\_.

Satisfactory evaluation? YES \_\_\_\_ NO \_\_\_\_ I recommend this applicant be certified as a Senior Instructor. \_\_\_\_\_ I DO NOT RECOMMEND Certification.

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Senior/Master Instructor

\_\_\_\_\_  
Please Print Your Name Sr/Master Cert. # \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Applicant

Agency/Department Head Concurrence: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Signature

Academy Director's Approval: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Signature

Academy Name: \_\_\_\_\_  
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**FOR POST USE ONLY**

Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Cert. Number: \_\_\_\_\_

Not Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

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