



Georgia Peace Officer Standards & Training Council
Application – Senior Instructor Trainer Certification

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Demographic Data – Section I

Last Name		Officer Okey#
First Name		
Middle Name		Suffix
Candidate's E-MAIL ADDRESS		Candidate's Phone Number
Certified as a (check all that apply):		
<input type="checkbox"/> General Instructor <input type="checkbox"/> Specialized Instructor		
Employing Agency		
Date Employed with this Agency		
Years of Experience in Criminal Justice		

Section II – Topic Instruction
Internship Program – Phase I

Date Topic Observed	Academy	Name of Observer	Senior or Master
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Internship Program – Phase II

Date Topic Observed	Academy	Name of Observer	Senior or Master
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Evaluation by Senior/Master Instructor? Yes _____ No _____

Evaluation rated as satisfactory? Yes _____ No _____

Senior/Master Instructor Recommendation – Section III

_____ I recommend this applicant be certified as a Senior Instructor.

_____ I do not recommend this applicant be certified as a Senior Instructor.

Print Name of Senior or Master Instructor _____

Senior or Master Instructor's Signature _____ **Date** _____

Sr/Master Certification # _____

Agency Attestation – Section IV

This applicant is recommended by me for certification as a Senior Instructor Trainer.

 Print Title & Name of Agency Head or Representative making request for Crime Scene Technician certification

 Signature of Agency Head or Representative

 Date