

## **INSTRUCTOR** COURSE APPLICATION FORM

THIS IS REQUIRED DOCUMENTATION FOR INSTRUCTING A BOARD CERTIFIED COURSE

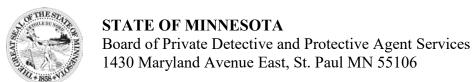
INSTRUCTOR NAME:	
CURRENT JOB TITLE:	
EMAIL:	
PHONE NUMBER:TODAY'S DATE:	
COURSE INFORMATION  No training course will be approved without the instructor information as specified, accompany course description to meet the requirements in Board Administrative Rule 7506.2200 and 75 trainer seeking course approval must include this information on any and all instructors that you are seeking approval. This material will be evaluated along with course content analysis course application.	06.2300 subpart 1 items A through G. Any will or may be used for the course for which
Name of Course(s) you will be Instructing:	
Board Certified Course Number(s):	
TRAINING PROVIDER INFORMATION	
Company (if instructor is facilitating for a company)	CHECK <u>ALL</u> OF THE FOLLOWING IN WHICH YOU ARE CERTIFIED TO
Company (Instructor's company)	INSTRUCT
	☐ Firearms *must provide proof from law
Instructor Contact Email: (Specify if for instructor or company)	enforcement agency, government, or nationally recognized organization  ☐ First Aid
Instructor Address: (Specify if for instructor or company)	☐ CPR ☐ Other Weapons/Equipment *must provide proof from manufacturer
Phone Number: (Specify if for instructor or company)	☐ Physical Restraint Techniques ☐ Other



## STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services 1430 Maryland Avenue East, St. Paul MN 55106

List the name and address of the organization where you received your tertification, as well as the date of tertification	
Organization Name:	
Address:	
Date:	
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40,000,000	56+11
	CHECKLIST
П	(check off the boxes next to the items completed)  Application form with ALL requested information and appropriate signature(s).
	Resume of instructor outlining their training experience.
	Copies of instructor certification(s).
	ACKNOWLEDGEMENT AND VERIFICATION
AND 1 7506.2 COUR ADDE APPLI	RM THAT THE INFORMATION GIVEN HERE IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE THE COURSE MATERIAL MEETS THE MINIMUM REQUIREMENTS OF ADMINISTRATIVE RULES 7506.2200 AND 2300. I AFFIRM THAT A CURRENT RESUME AND CERTIFICATION(S) FOR EACH TRAINER TEACHING THIS SE IS ATTACHED TO THIS APPLICATION. I AFFIRM THAT THIS APPLICATION IS ONLY FOR INSTRUCTORS BEING D TO AN EXISTING COURSE THAT WAS PREVIOUSLY CERFTIFIED WITH THE BOARD. I AFFIRM THAT AN CATION IS REQUIRED FOR EACH NEW INSTRUCTOR BEING ADDED TO A COURSE.  ATURE:
SIGIN	ATUNEDATE.
Minne	esota Administrative Rules 7506.2200 Subp 3 7506.2300 Subp. 2; 7506.2600 Subp. 5; 7506.2700 Subp. 4
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