



STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services

1430 Maryland Avenue East, St. Paul MN 55106

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, accompanied by an instructor's resume and the course description to meet the requirements in Board Administrative Rule 7506.2200 and 7506.2300 subpart 1 items A through G. Any trainer seeking course approval must include this information on any and all instructors that will or may be used for the course for which you are seeking approval. This material will be evaluated along with course content analysis and will not be reviewed independently of a course application.

Name of Course(s) you will be Instructing:

Board Certified Course Number(s):

TRAINING PROVIDER INFORMATION

Company (if instructor is facilitating for a company)

Company (Instructor's company)

Instructor Contact Email: (Specify if for instructor or company)

Instructor Address: (Specify if for instructor or company)

Phone Number: (Specify if for instructor or company)

CHECK ALL OF THE FOLLOWING IN WHICH YOU ARE CERTIFIED TO INSTRUCT

- Firearms **must provide proof from law enforcement agency, government, or nationally recognized organization*
- First Aid
- CPR
- Other Weapons/Equipment **must provide proof from manufacturer*
- Physical Restraint Techniques
- Other _____



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List the name and address of the organization where you received your certification, as well as the date of certification

Organization Name:

Address:

Date:

Organization Name:

Address:

Date:

Organization Name:

Address:

Date:

Organization Name:

Address:

Date:

Organization Name:

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CHECKLIST

(check off the boxes next to the items completed)

<input type="checkbox"/>	Application form with ALL requested information and appropriate signature(s).
<input type="checkbox"/>	Resume of instructor outlining their training experience.
<input type="checkbox"/>	Copies of instructor certification(s).

ACKNOWLEDGEMENT AND VERIFICATION

I AFFIRM THAT THE INFORMATION GIVEN HERE IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE AND THE COURSE MATERIAL MEETS THE MINIMUM REQUIREMENTS OF ADMINISTRATIVE RULES 7506.2200 AND 7506.2300. I AFFIRM THAT A CURRENT RESUME AND CERTIFICATION(S) FOR EACH TRAINER TEACHING THIS COURSE IS ATTACHED TO THIS APPLICATION. I AFFIRM THAT THIS APPLICATION IS ONLY FOR INSTRUCTORS BEING ADDED TO AN EXISTING COURSE THAT WAS PREVIOUSLY CERTIFIED WITH THE BOARD. I AFFIRM THAT AN APPLICATION IS REQUIRED FOR EACH NEW INSTRUCTOR BEING ADDED TO A COURSE.

SIGNATURE: _____ **DATE:** _____

Minnesota Administrative Rules 7506.2200 Subp 3 7506.2300 Subp. 2; 7506.2600 Subp. 5; 7506.2700 Subp. 4

Certificate of completion.

At the conclusion of each certified training course, each student who has successfully completed training must be provided by the presenting instructor or person administering the course with evidence of completion (certificate), showing the current instructor, date of course, the subject area covered by each course completed and the number of hours completed.

The instructor(s) or person administering all approved courses has an obligation to advise the Board when an instructor (in person) or on-line course is being 'decertified.' By doing so we can remove the course and/or instructor from our list.

SIGNATURE _____ **DATE:** _____