Minnesota Private Detective And Protective Agent Services Board
1430 Maryland Avenue East
St. Paul, MN 55106
Phone: 651-793-2666 Fax: 651-793-7065

INSTRUCTOR IDENTIFICATION

No training course will be approved without the instructor information as specified. 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.

INSTRUCTOR:

Name:	Company:
Address:	
Phone Number:	Fax Number:
E-mail Address:	
Course you will be instructing:	

1) **Submit a current resume of educational experience as a training instructor**

2) **Submit a resume of training qualifications, highlighting particularly the area which best equips the instructor for the course for which approval is being sought. Include reference to training in the private sector.**

Please check all training you have certification in; and attach copies of those certifications:

☐ Firearms instruction and certification as instructor **Must provide evidence of current instructor certification provided from a law enforcement agency or private security firearms instructor by a government agency, the National Rifle Association, or other nationally recognized certifying organization approved by the Board.*

List the name of the organization and address where you received training/certification and date of certification:

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_____

☐ First Aid Instructor

List the name of the organization and address where you received training/certification and date of certification as an instructor:

_____

_____

☐ CPR Instructor

List the name of the organization and address where you received training/certification and date of certification as an instructor:

_____

_____

☐ Other Weapons Equipment Instruction **Must provide proof of certification as an instructor by the manufacturer of specified equipment.* List the name of the organization and address where you received training/certification and date of certification:

_____

_____

☐ Physical Restraint Techniques

List the name of the organization and address where you received training/certification as an instructor and date of certification:

_____

_____

Other applicable certifications: _____

_____

Print Form