INSTRUCTOR CREDIT FORM

Minnesota Private Detective and Protective Agent Services Board
1430 Maryland Avenue East • St. Paul, MN 55106
Phone: 651/793-2666 • TTY: 651/282-6555
E-mail: mn.pdb@state.mn.us
Web: https://dps.mn.gov/entity/pdb

This form may be submitted by a private detective/investigator or protective agent seeking credit for instructing in a Minnesota Private Detective and Protective Agent Services Board approved training course, pursuant to Administrative Rule 7506.2700, Subpart 5.

Instructor Information

Name:		Instructor Address:
License Number:		
Telephone Number:	FAX Number:	

Course Information

Course Title:	Credit Requested: ☐ *(50 minutes of amount of time spent in preparing for and teaching the course = 1 hour)*
Course Sponsor:	
Date(s) of Teaching:	Location:

PLEASE READ and **SIGN BELOW:**

I affirm that the information given here is complete and accurate; and that, I did instruct in this training course(s) which was approved by the Minnesota Private Detective and Protective Agent Services Board. I have attached a listing of the dates and times of instruction if for multiple courses.

Instructor Signature: _____ Date: _____