



STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services

1430 Maryland Avenue East, St. Paul MN 55106

TRAINING COURSE APPLICATION FORM

THIS IS REQUIRED DOCUMENTATION FOR CERTIFICATION OF TRAINING COURSES BY THE BOARD

TRAINING PROVIDER NAME: _____

ADDRESS(MN if applicable): _____

EMAIL: _____

PHONE NUMBER: _____

WEBSITE: _____

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 75.062300 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: _____

Type of Course (check all that apply):

Preassignment – Private Detective

Preassignment – Protective Agent

Initial Armed
Type of Weapon: _____

Continuing Training – Private Detective

Continuing Training – Protective Agent

Continuing Armed
Type of Weapon: _____

How students will be evaluated (if applicable):

Is this an online course? _____
Number of Training Hours: _____
(50 min = 1 training hour)
Is this course open to outside students? _____

VERY specifically describe the objectives and outcomes of this course:

Date(s) Course is Given:

Time(s) Course is Given:

FOR INTERNAL OFFICE USE ONLY

Course Number: _____



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FOLLOWING INFORMATION IS NEEDED FOR ALL INSTRUCTORS APPLYING WITH THE COURSE

(attach additional pages if necessary)

INSTRUCTOR NAME: _____

CURRENT JOB TITLE: _____

EMAIL: _____

PHONE NUMBER: _____

List the name and address of the organization where you received your certification, as well as the date of certification	CHECK <u>ALL</u> OF THE FOLLOWING IN WHICH YOU ARE CERTIFIED TO INSTRUCT	
Organization Name: _____ Address: _____ Date: _____	<input type="checkbox"/> Firearms <i>*must provide proof from law enforcement agency, government, or nationally recognized organization</i>	
Organization Name: _____ Address: _____ Date: _____		
Organization Name: _____ Address: _____ Date: _____		<input type="checkbox"/> First Aid
Organization Name: _____ Address: _____ Date: _____		<input type="checkbox"/> CPR
Organization Name: _____ Address: _____ Date: _____		<input type="checkbox"/> Other Weapons/Equipment <i>*must provide proof from manufacturer</i>
Organization Name: _____ Address: _____ Date: _____	<input type="checkbox"/> Physical Restraint Techniques <input type="checkbox"/> Other _____	



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CHECKLIST

(please complete the checklist by checking 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(s) outlining their training experience.
<input type="checkbox"/>	Application for ALL instructors applying with course.
<input type="checkbox"/>	Copy of certifications for ALL instructors applying with course.
<input type="checkbox"/>	All course materials including; content, exams, outlines, etc.
<input type="checkbox"/>	*NOTE: The course materials must meet the minimum requirements as outlined in Board Administrative Rule 7506.2200 and 7506.2300, Subpart 1, Items A through G, and 7506.2200.

ACKNOWLEDGEMENT AND VERIFICATION

I AFFIRM THAT THE INFORMATION GIVEN HERE IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND ACCURATE AND THAT THE COURSE MATERIAL MEETS THE MINIMUM REQUIREMENTS OF ADMINISTRATIVE RULES 7506.2200 AND 7506.2300. I AFFIRM THAT A CURRENT RESUME, AND ALL CERTIFICATIONS FOR EACH TRAINER TEACHING THIS COURSE IS ATTACHED TO THIS APPLICATION AS WELL AS A COURSE NARRATIVE THAT MEETS THE MINIMUM TRAINING REQUIREMENTS LISTED ABOVE.

SIGNATURE: _____ **DATE:** _____