



STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services

1430 Maryland Avenue East, St. Paul MN 55106

REQUEST FOR CEU APPLICATION FORM

THIS IS REQUIRED DOCUMENTATION FOR REQUESTING CEU's NOT CERTIFIED BY THE BOARD

LICENSE TYPE (please check one): **PRIVATE DETECTIVE** **PROTECTIVE AGENT** **LICENSE NUMBER:** _____

LICENSE HOLDER NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

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: _____

Preassignment – Private Detective

Preassignment – Protective Agent

Initial Armed
Type of Weapon: _____

Continuing Training – Private Detective

Continuing Training – Protective Agent

Continuing Armed
Type of Weapon: _____

Instructor Name(s): _____

Current Job Title: _____

Phone Number: _____

Email: _____

Number of Training Hours: _____
(50 min = 1 training hour)

Training Provider Name: _____

Contact Email: _____

Address (MN if applicable): _____

Phone Number: _____

Website: _____

Date(s) Course is Given:

Time(s) Course is Given:

How students will be evaluated (if applicable):

FOR INTERNAL OFFICE USE ONLY

Course Number: _____



STATE OF MINNESOTA

Board of Private Detective and Protective Agent Services

1430 Maryland Avenue East, St. Paul MN 55106

VERY specifically describe the objectives and outcomes of this course:

Four horizontal lines for describing course objectives and outcomes.

CHECKLIST

(please complete the checklist by checking off the boxes next to the items completed)

- Application form with **ALL** requested information and appropriate signature(s).
- Resume of instructor(s) outlining their training experience.
- All course materials including; content, exams, outlines, etc.
***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 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:** _____