



Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

Phone: (406) 444-9975

Fax: (406) 444-9978

dojmt.gov/post

INSTRUCTOR CERTIFICATE APPLICATION

ARM 23.13.212

Instructions: The applicant must complete this form and forward it to his or her agency head for the agency head's endorsement. The agency should then forward the completed form to the POST Council at the address above. The Council will notify the agency head of action taken.

Full Name: _____

Agency Name: _____

Date of Birth: _____

Date Hired by Current Agency: _____

Phone: _____

E-mail Address: _____

Please note the requirements for an Instructor Certificate are:

1) You must have a Montana POST Basic certificate in your current discipline

Do you have a Montana POST Basic Certificate in your current discipline?

Yes

No

2) you must have a minimum of 2 years of experience working as a public safety officer

Do you have at least 2 years of public safety officer experience?

Yes

No

3) you must have successfully completed a 40-hour instructor development class or its equivalent as approved by the council, which must include a minimum of the following instruction:

Instructor Development ARM 23.13.212
<input type="radio"/> Minimum 40 Hours <input type="radio"/> 12 Hours of Curriculum Design <input type="radio"/> 8 Hours of Adult Learning <input type="radio"/> 8 Hours of Foundation Skills for Trainers <input type="radio"/> 8 Hours of Training Prep and Delivery <input type="radio"/> 4 Hours of Context of training

Have you attended a 40 hour instructor development class or an equivalent approved by the

POST Council?

Yes

No

If you do not meet these requirements, you will not be issued an Instructor Certificate.

All Instructor Certificates are valid for a period of 4 years.

** PLEASE NOTE, if you intend to qualify officers on firearms, you need to meet the minimum requirements found in ARM 23.13.215(1)(a).*

If you intend to seek POST training credit for any training you instruct, you must apply and meet the requirements in ARM 23.13.301(2)-(3).

Applicant Certification: *I attest that the information contained on this application is true and correct to the best of my knowledge.*

Signature of Applicant

Date

Agency Head Endorsement: *I recommend that the certificate be awarded. I certify that the applicant has complied with the minimum standards set forth in the Administrative Rules of Montana, is of good moral character and is worthy of this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

Printed Name of Agency Head

Signature of Agency Head

Date

E-mail: _____

Phone: _____

POST Council Use Only

Approved for Instructor Certificate

By _____

Date _____