



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

PRIMARY INSTRUCTOR 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 and attachments to the POST Council at the address above. The Council will notify the agency head of action taken. **Please note the requirements to become a Primary Instructor are:**

1) you must have a minimum of 3 years of experience working as a public safety officer

Do you have at least 3 years of public safety officer experience? Yes No

2) you must have education or training in the subject matter to be taught

Have you received education or training in the subject matter to be taught? Yes No

3) you must have successfully completed a 40 hour instructor development class or its equivalent as approved by the council

Have you attended a 40 hour instructor development class or an equivalent approved by POST? Yes No

Do you have a degree in adult education? Yes No

4) with this application you must submit your lesson plan(s) including performance objectives, instructional strategies, and complete course content

Have you attached your Lesson Plan(s)? Yes No

Does your Lesson Plan contain the following

- a training block that is two hours or more in length? Yes No

- a program that you instruct, or that you plan to instruct? Yes No

- include:

- a goal statement describing the training;

- performance objectives;

- a list of all required equipment or materials;

- one or two references supporting the training; and

- the outline an instructor would use to teach from? Yes No

5) you must provide a list of classes taught or to be taught, giving the course name and total teaching hours. For a renewal, you must also submit a summary explanation of how you have stayed current on the discipline for which you are requesting the renewal certificate.

Have you provided a list of classes taught or to be taught? Yes No

For Renewals: Have you provided an explanation of how you have stayed current on the discipline for which you are requesting the renewal, including the course names, dates, locations, and number of hours you have taught? Yes No

6) you must have endorsement from your agency head to deliver a specific lesson plan(s)

Is this form signed by your agency head? Yes No

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

Full Name: _____

POST ID Number: _____

Date of Birth: _____

Phone: _____

Agency Name: _____

Rank/Title: _____

Date Hired by Current Agency: _____

E-mail Address: _____

This is an: Initial Application

* Instructor certificates must be renewed every two years. After one renewal or four total years of being a Primary Instructor, additional instructor renewals are valid for four years. **Please note, if your certificate expires prior to completing an application for renewal, you must start over with an initial application, and you will be required to renew your certificate every two years again.**

OR

This is a Renewal Application

* Instructor certificates must be renewed every two years. After one renewal or four total years of being a Primary Instructor, additional instructor renewals are valid for four years. **Please note, if your certificate expires prior to completing an application for renewal, you must start over with an initial application, and you will be required to renew your certificate every two years again.**

Course(s) Taught or to be Taught: *The lesson plan for each subject to be taught must accompany this application.*

Name of subject: _____
Name of subject: _____
Name of subject: _____

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 _____	Approved by _____
Date Mailed _____	Date: _____ Cert. # _____