

INSTRUCTIONS – DO NOT MAIL OR SUBMIT THIS WORKSHEET TO POST

- This worksheet is to be completed by the Instructor.
- The course presenter will submit the information into the POST EDI System.
- If you have questions about your qualifications, contact the course presenter.
- A separate Instructor Resume is required for each course taught by an instructor.

SECTION 1. PERSONAL INFORMATION

INSTRUCTOR NAME (FIRST, MI, LAST, SUFFIX)		CURRENT OCCUPATION		CURRENT EMPLOYER (PRIMARY)
POST ID	HIGHEST DEGREE OBTAINED	YR OBTAINED	MAJOR	EDUCATION/TEACHING CREDENTIAL <input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE/UNIVERSITY GRANTING DEGREE

Name	City	ST
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LIST PROFESSIONAL LICENSES OR CERTIFICATES – CHECK LICENSE(S) RELEVANT TO INSTRUCTING THIS COURSE

1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
4) <input type="checkbox"/>	5) <input type="checkbox"/>	6) <input type="checkbox"/>
7) <input type="checkbox"/>	8) <input type="checkbox"/>	9) <input type="checkbox"/>
10) <input type="checkbox"/>	11) <input type="checkbox"/>	12) <input type="checkbox"/>

LIST LAW ENFORCEMENT OR OTHER EXPERIENCE INCLUDING ANY DIRECTLY RELATED TO THIS INSTRUCTIONAL ASSIGNMENT

	NO. OF YEARS
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

SECTION 2. INSTRUCTOR EXPERIENCE (COURSES YOU HAVE TAUGHT)

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)
11)	12)

Instructor Name:

SECTION 3. COURSE INFORMATION

LIST SUBJECTS INSTRUCTOR TEACHES IN THIS OR OTHER COURSES (e.g., FIREARMS, LEGAL UPDATE) – CHECK SUBJECTS RELEVANT TO INSTRUCTOR IN THIS COURSE

1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
4) <input type="checkbox"/>	5) <input type="checkbox"/>	6) <input type="checkbox"/>
7) <input type="checkbox"/>	8) <input type="checkbox"/>	9) <input type="checkbox"/>
10) <input type="checkbox"/>	11) <input type="checkbox"/>	12) <input type="checkbox"/>

SECTION 4. INSTRUCTOR DEVELOPMENT TRAINING

LIST INSTRUCTOR DEVELOPMENT INSTRUCTOR HAS RECEIVED INCLUDING THAT WHICH IS SPECIFIC TO THIS COURSE.

If this instructor teaches one or more **Specialized Subjects** listed in Commission [Regulation 1070](#) (for example, Chemical Agents, Arrest & Control, Firearms, etc.), check the box for 1070(b) or 1070(c) as appropriate.

Course Title	Course Control Number. (or Presenter name if not POST-certified)	Total Hours	Date Completed (MM/DD/YYYY)	1070(b)	1070(c)
1)				<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>
4)				<input type="checkbox"/>	<input type="checkbox"/>
5)				<input type="checkbox"/>	<input type="checkbox"/>
6)				<input type="checkbox"/>	<input type="checkbox"/>

ACADEMY INSTRUCTOR CERTIFICATION COURSE (AICC) CERTIFIED INSTRUCTOR

Regular Basic Course Instructors shall complete AICC, Regulation 1082 OR pass the AICC Equivalency Process, Regulation 1009(c)(4).

Completed AICC, [Regulation 1082](#)

- Course Control Number
- Date Completed (MM/DD/YYYY)

Completed AICC Equivalency Process, [Regulation 1009\(c\)\(4\)](#)

- Academy Name
- Academy Director or Designee Name
- Date Equivalency Granted (MM/DD/YYYY)

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