

APPLICATION FOR WEST VIRGINIA IN-SERVICE TRAINING PROGRAMS

Questions may be directed to:

Jess W. Gundy, Jess.W.Gundy@wv.gov

NAME OF SPONSORING AGENCY: _____

MAILING ADDRESS: _____

ORI/NCIC NUMBER (If Applicable): **WV** _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

COURSE TITLE: _____

NUMBER OF HOURS: _____

***Note:** Training is approved in hourly increments, time for meals may not be approved, reasonable break times may be included in calculating number of hours of the training program.*

Annual In-Service – Under Rank of Sergeant

Supervisory – Rank of Sergeant and Above – Address management topics

DATES OF IN-SERVICE COURSE: _____

COURSE LOCATION: _____

IDENTIFY TRAINING AIDS USED IN THE DELIVERY OF THIS COURSE:

Reference Material

Hand-Outs

Audio Visual

Self-Study Information

Laboratory

Special/Other Equipment (*Identify*)

IDENTIFY THE INSTRUCTIONAL METHODOLOGY USED TO DELIVER THE PROGRAM/COURSE:

Lecture

Seminar

Role Play

Self-Study

Other (*Identify*)

Field Demonstration

Mock Scene

Conference/Discussion

Practical Exercise

LIST EVALUATION DEVICES TO BE USED WITH THE COURSE:

Student Evaluation Form

Student Observation Form

Instructor Evaluation Form

Interviews

WHAT TYPE OF TEST INSTRUMENTS WILL BE USED IN THIS COURSE?

None

Role Play

Multiple Choice Questions

Hands On

True/False Questions

Skill Demonstration

Essay Questions

Other (*Specify*): _____

HOW MANY TEST/EVALUATIONS ARE TO BE ADMINISTERED DURING THIS COURSE? _____

WHAT WILL BE THE STANDARD FOR SUCCESSFUL COMPLETION? _____ %

WILL PRE/POST TESTING BE USED? YES NO

EXPECTED ENROLLMENT: _____

IS THERE ANY PREREQUISITE TRAINING THAT MUST BE COMPLETED TO ATTEND THIS TRAINING?

YES NO If yes, what are they? _____

ARE YOU INVITING OFFICERS FROM SURROUNDING AREAS? YES NO

IS THIS TRAINING OPEN TO NON-LAW ENFORCEMENT OFFICERS? YES NO

WHAT IS THE FEE FOR ATTENDING THIS PROGRAM? \$ _____

WHOM SHOULD CHECKS BE MADE PAYABLE TO? _____

WILL SPONSORING AGENCY ACCEPT PAYMENT BY OTHER MEANS? YES NO

If yes, what other means, i.e. credit card, electronic transfer, etc. _____

HAS THE FACILITY/CLASSROOM BEEN PREVIOUSLY APPROVED BY THE LAW ENFORCEMENT

TRAINING SUBCOMMITTEE FOR IN-SERVICE TRAINING PROGRAM? YES NO

If No, ensure pages 3 and 4 are completed as to classroom facility. _____

DESCRIBE ANY SPECIAL RESOURCES THAT WILL BE USED TO DELIVER THIS PROGRAM. _____

HAVE YOU ATTACHED THE COURSE SCHEDULE, WHICH INCLUDES THE MAIN TOPICS OF THE

COURSE AND SUB-TOPICS THAT WILL DEFINE THE INSTRUCTION? YES NO

HAVE YOU ATTACHED THE PROGRAM GOALS/OBJECTIVES FOR THIS IN-SERVIE COURSE?

YES NO

i.e. All training records for the (insert applicable agency) are maintained at the (insert applicable agency location). Records, files, test scores and evaluations WILL be kept in their original state for a minimum period of three (3) years. Retrieval of any record for another law enforcement agency or criminal justice organization is free of charge to the requesting body.

[illegible][illegible]

CLASSROOM FACILITY

Name of facility/classroom where training is to be held: _____

Location: _____

ELECTRONIC SIGNATURE BLOCK

I have examined the information containing within this application and certify that it is accurate. I am the signing authority or have been delegated or designated formally as the signing authority for such applications by the sponsoring agency by the appropriate official. Completion of the following information constitutes your “signature” of this application.

Authorized Agency Representative Signature: _____

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

Submit the document to: Jess.W.Gundy@wv.gov