APPLICATION FOR WEST VIRGINIA IN-SERVICE TRAINING PROGRAMS

Questions may be directed to:
Jess W. Gundy, (304) 766-5847, or 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 – Addresses management topics

DATES OF IN-SERVICE PROGRAM:
COURSE LOCATION:

AUTHORIZED AGENCY REPRESENTATIVE SIGNATURE: ________________________________

NOTE: If submitting electronically complete Signature Block on Page 5

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
☐ Instructor Evaluation Form
☐ Student Observation 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 FURTHER DEFINE THE INSTRUCTION?  YES ☐ NO ☐

HAVE YOU ATTACHED THE PROGRAM GOALS/OBJECTIVES FOR THIS IN-SERVICE COURSE?  YES ☐ NO ☐
DESCRIBE THE SYSTEM THAT YOU INTEND TO USE TO KEEP TRAINING RECORDS, ON STUDENTS, THEIR TEST SCORES, AND PROGRAM AND INSTRUCTOR EVALUATIONS. INCLUDE HOW LONG YOU WILL MAINTAIN THE RECORDS, COST OF RETRIEVAL AND LOCATION OF STORED DATA.

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.

LIST INSTRUCTORS BY NAME, DEPARTMENT, COURSE TOPIC THEY WILL INSTRUCT, INDICATING THOSE WHO ARE LET CERTIFIED. A RESUME MUST BE ATTACHED FOR THOSE INSTRUCTORS WHO ARE NOT LET CERTIFIED AND ARE NOT EXEMPT FROM THE CERTIFICATION PROCESS.

<table>
<thead>
<tr>
<th>NAME</th>
<th>Department</th>
<th>Course Topic</th>
<th>LET/POST Certified No/Yes and State</th>
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Additional information on instructor Qualifications/Background:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
CLASSROOM FACILITY

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

Location: ____________________________________________________________________________

Electronic Signature Block

I have examined the information contained 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.

First Name: 
Last Name: 
Title: 
Phone: 
Email: 

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

Revised 11 Sep 10