

INSTRUCTOR CERTIFICATION APPLICATION

LAST FIRST MIDDLE LEPS ID NUMBER DOB

STREET CITY STATE ZIP

EMAIL ADDRESS _____

PRESENT EMPLOYMENT _____
AGENCY POSITION HIRE DATE

Have you completed an Instructor Development Course? Yes No Total Hours _____ Date(s) _____

Training Provided by: WVSP Academy FBI Location: _____

Are you now certified as an Instructor? Yes No Authority (Attach Documentation) _____

Subject area of Expertise or Interest (Attach certificates reflecting training in a _____

