

INSTRUCTOR CERTIFICATION APPLICATION

LAST FIRST MIDDLE LEPS ID NUMBER DOB

STREET CITY STATE ZIP

PRESENT EMPLOYMENT _____
AGENCY POSITION HIRE DATE

Have you completed an Instructor Development Course? Y N Total hours _____ Date(s) _____

Training provided by: WVSP Academy FBI Location: _____

Are you now certified as an Instructor? Y N Authority (Attach Documentation) _____

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