Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East
Helena, MT 59602

Phone: (406) 444-9975
Fax: (406) 444-9978

PROFESSIONAL INSTRUCTOR APPLICATION

Please print legibly.

Applicant Name _____ Agency Name _____
POST ID # _____ Date of Birth _____

1. Introduction

****A lesson plan for each POST-certified course must be on file with POST. If you make changes to a previously submitted lesson plan, you must provide the new lesson plan, detailing the changes and the reasons for making them.**

POST Professional Instructor Certification is recognized as long as the applicant is employed in the position of agency "Staff Training/Development Specialist" or the equivalent. If your employment status changes, you must notify POST immediately. You may still be eligible for Master or Primary Instructor Certification upon leaving the status of Professional Instructor.

2. Education and Training Supporting this Application

Name and Address of College	Diploma or Degree Awarded	Type of Degree Attained	Date of Award
	☐ Yes ☐ No		

Attach transcript if Diploma or Degree was not awarded and transcripts have not previously been submitted to POST.

Curriculum Design and Development Course Location _____ Date _____

3. Applicable Work History

Three years' applicable work experience required. Begin with present employment. Use additional pages if necessary.

Employing Agency	Agency Address	Position Title	Dates Employed	
			From	To

4. Instruction Information

	Agency Name and Address	Course Title	Hours
Currently Instructing Courses at			
Intend to Instruct Courses at			

5. Attest

I certify that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant	Date

6. Agency Administrator Authorization

Signature of Agency Administrator	Date

This section to be completed by POST Staff

☐ Approve	☐ Disapprove
Signature of POST Director	Date