



APPLICATION FOR TELECOMMUNICATOR INSTRUCTOR CERTIFICATION

Name of Agency: _____

Agency address: _____

Agency phone: _____ Agency email address _____

Name of person seeking Certification/Recertification: _____

Residence address: _____

Home phone: _____ Cell phone: _____ Driver's License: _____

I am am not a certified peace officer in the State of Iowa.

GENERAL CERTIFICATION

The following are minimum qualifications for certification of general instructors in telecommunicator training programs:

Please those that apply

- Instructors must have a **MINIMUM OF 2 YEARS OF TELECOMMUNICATOR EXPERIENCE.**
- Instructors must have a **MINIMUM OF A HIGH SCHOOL EDUCATION WITH A DIPLOMA OR POSSESS A GED EQUIVALENCY CERTIFICATE.**
- Instructors must have **SUCCESSFULLY COMPLETED AN INSTRUCTOR TRAINING COURSE** consisting of a **MINIMUM OF 40 HOURS INSTRUCTION**
- Or have provided a minimum of 80 hours of telecommunicator instruction within the past 2 years and can verify same. 501-13.5(80B)

Course(s) to Instruct

<i>Course(s) to Instruct</i>			
<i>Course</i>		<i>Course</i>	
<i>Course</i>		<i>Course</i>	
<i>Course</i>		<i>Course</i>	
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<i>Course</i>		<i>Course</i>	
<i>Course</i>		<i>Course</i>	



GENERAL INSTRUCTOR ENDORSEMENT BY AGENCY HEAD

It is recommended that certification be awarded. To the best of my knowledge and belief the applicant has met all standards prescribed for **TELECOMMUNICATOR TRAINING INSTRUCTORS** and has the desire and ability to provide effective instruction for telecommunicator personnel.

Date: _____ Signature of Agency Head _____

Print name of Agency Head: _____

ILEA USE ONLY
To be completed by ILEA Telecommunications Instructor

Does the individual meet the qualifications for General Telecommunicator Instructor?
 Yes No

ILEA Signature: _____ Date: _____

ILEA USE ONLY
Agency Approval

Assistant Director/Director Signature: _____ Date: _____



FINAL PAGE

INSTRUCTOR BACKGROUND JUSTIFICATION

Years and Type of Experience:

Educational Background:

<i>Type of Education</i>	<i>Degree</i>	<i>Type of Degree/Training/Certification Received</i>
<i>High School or GED</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>College or University</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Specialized Training</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Specialized Training</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Specialized Training</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Qualifications for instructing the requested courses:

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

Date: _____ Signature of Applicant: _____

Print name of Applicant: _____

Date: _____ Signature of Agency Head: _____

Print name of Agency Head: _____

Attach proof of certification for any subject area requiring certification through another agency I.E.-Department of Human Services, OSHA, etc.

