



## Montana Public Safety Officer Standards & Training Council

Website: [dojmt.gov/post](http://dojmt.gov/post)  
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Helena, MT 59602

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Phone: (406) 444-9975  
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### **APPLICATION FOR AWARD OF INSTRUCTOR CERTIFICATE**

ARM 23.13.212

**Instructions:** *The applicant must complete this form and forward it to his or her agency head/designee for endorsement. The agency should then forward the completed form and attachments to POST by emailing the form to the email address above. Alternatively, the information may also be sent to POST via mail at the address above. POST will notify the agency and the applicant of action taken.*

#### **Applicant Information:**

Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Rank/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

#### **The requirements for the Instructor Certificate are:**

1. You must possess a Montana POST Basic certificate in your current discipline;

Do you possess a Montana POST Basic Certificate in your current discipline?

Yes

No

2. You must have a minimum of 2 years of experience working as a public safety officer;

Do you have at least 2 years of experience working as a public safety officer?

Yes

No

3. You must complete a 40-hour instructor development class or its equivalent as approved by the Council, which must include a minimum of the following Instruction:

#### **Instructor Development**

##### **ARM 23.13.212**

- ☐ Minimum 40 Hours
- ☐ 12 Hours of Curriculum Design
- ☐ 8 Hours of Adult Learning
- ☐ 8 Hours of Foundation Skills for Trainers
- ☐ 8 Hours of Training Prep and Delivery
- ☐ 4 Hours of Context of training

- i. Have you attended a 40-hour instructor development class or an equivalent approved by the Council?

Yes

No

ii. If Applicable, provide the name and number of hours of the equivalent course:

\_\_\_\_\_

**\*If you do not meet these requirements, you will not be issued an Instructor Certificate.**

**All Instructor Certificates are valid for a period of 4 years.**

**Applicant Certification:** *I attest that the information contained on this application is true and correct to the best of my knowledge.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Agency Recommendation:** *I recommend that the certificate be awarded. I certify that the applicant has complied with the minimum standards set forth in the Administrative Rules of Montana, is of good moral character and is worthy of this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

\_\_\_\_\_  
*Printed Name of Agency Head/Designee*

\_\_\_\_\_  
*Signature of Agency Head /Designee*

\_\_\_\_\_  
*Date*

*Email:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

**POST Council Use Only**

Approved for Instructor Certificate

By \_\_\_\_\_

Date \_\_\_\_\_