



Type or print in black or blue ink and use capital and small letters to write names, addresses, and titles

Documentation for Commission-certified instructors shall be maintained in the instructor's file at the respective training school or employing agency. The training school or employing agency shall transmit form CJSTC-84 to Commission staff through the Commission's Automated Management Training System (ATMS) upon completion and compliance of the required training.

The FDLE Field Specialist is permitted to audit the instructor applicant's training file for accuracy and completeness.

1. Last Four Digits of Instructor Applicant's Social Security Number: _____
2. Instructor Applicant's Name: _____

Last Name	First Name	MI
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3. Date of Birth: _____
4. Enter "X" in the appropriate box that indicates your current status: Officer: Non-officer or Civilian
5. Instructor Applicant's Employing Agency Name: _____
6. Commission-certified instructors shall be required to satisfy the following requirements, every four years, to maintain certification as a commission-certified instructor:
 - A. **GENERAL INSTRUCTORS.** Commission-certified instructors who possess a General Instructor Certification shall instruct in one of the Commission's basic recruit training program courses, advanced training program courses, specialized training program courses or agency in-service courses. Enter the name of the course the instructor applicant instructed and enter the date instructed.

Name of Course	Date
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- B. **MAINTENANCE OF HIGH-LIABILITY CERTIFICATION.** Commission-certified instructors who possess a High-Liability Instructor Certification shall instruct in a basic recruit training program course, advanced training program course, specialized training program course, or agency in-service course for each high-liability topic, every four years, to maintain an active certificate for each high-liability certification, pursuant to Rule 11B-20.0017(4), F.A.C. First aid instructors shall attach current professional licenses/certifications and CPR Instructor Card.

Mark an "X" in the box(es) to indicate which high-liability topic(s) was instructed and enter the date of instruction	
<input type="checkbox"/> FIREARMS	Date:
<input type="checkbox"/> DEFENSIVE TACTICS	Date:
<input type="checkbox"/> VEHICLE OPERATIONS	Date:
<input type="checkbox"/> FIRST AID	Date:

CONTINUING TRAINING AND EDUCATION PURSUANT TO RULE 11B-20.0017(5), F.A.C.

Mark an "X" in the box(es) to indicate completed continuing training or education and enter the date of completion.	
<input type="checkbox"/> FIREARMS	Date:
<input type="checkbox"/> DEFENSIVE TACTICS	Date:
<input type="checkbox"/> VEHICLE OPERATIONS	Date:
<input type="checkbox"/> FIRST AID	Date:

- C. **SPECIALIZED TOPICS CERTIFICATION.** Commission-certified instructors who possess a Specialized Topics Certification shall instruct in a basic recruit training program course, advanced training program course, specialized training program course, or agency in-service course for each specialized topic, pursuant to Rule 11B-20.0017(5), F.A.C., every four years, to maintain an active certificate.

Mark an "X" in the box(es) to indicate the specialized topic(s) instructed and enter the date of instruction		
<input type="checkbox"/>	DIVING	Date:
<input type="checkbox"/>	CANINE	Date:
<input type="checkbox"/>	SPEED MEASUREMENT	Date:
<input type="checkbox"/>	BREATH TEST	Date:
<input type="checkbox"/>	BREATH TEST-INTOXILYZER 9000	Date:

CONTINUING TRAINING AND EDUCATION PURSUANT TO RULE 11B-20.0017(5), F.A.C.

Mark an "X" in the box(es) to indicate completed continuing training or education and enter the date of completion.		
<input type="checkbox"/>	DIVING	Date:
<input type="checkbox"/>	CANINE	Date:
<input type="checkbox"/>	SPEED MEASUREMENT	Date:
<input type="checkbox"/>	BREATH TEST	Date:
<input type="checkbox"/>	BREATH TEST-INTOXILYZER 9000	Date:

7.

Training Center Director, Agency Administrator, or Designee's Signature

Date signed

INSTRUCTIONS FOR COMPLETING FORM CJSTC-84

- Complete items 1 – 7 and submit to the Commission-certified training school or employing agency.
- The training center director, agency administrator, or designee shall review the retraining proficiencies. Upon finding the proficiencies satisfactory, the training center director, agency administrator, or designee shall approve and sign this form.
- Please attach a valid CPR Instructor card for First Aid Instructor maintenance and a valid Breath Test Operator's permit for Breath Test Instructor maintenance.

HOW TO COMPLETE EACH ITEM

1. **Social Security Number.** Enter the last four digits of the instructor applicant's social security number as in this example: 000-00-1234.
2. **Name.** Enter the instructor applicant's legal last and first name and middle initial.
3. **Date of Birth.** Enter the instructor applicant's date birth as in this Example: 08-21-1962.
4. **Officer or Civilian.** Enter "X" to indicate if the instructor applicant is an officer, non-officer, or a civilian.
5. **Agency Name.** Enter the name of the instructor applicant's employing agency.
6. **Instructor Certification Maintenance.** Enter the name of the Commission-approved basic recruit training program courses,

advanced training courses, specialized training program courses, or agency in-service course.

- A. **General Instructors.** Commission-certified instructors who possess a General Instructor Certification shall instruct in one of the Commission's basic recruit training program courses, advanced training program courses, specialized training program courses or agency in-service courses. Enter the name of the course and the date instructed.

- B. **Maintenance of High Liability Certification.** Mark an "X" by the high-liability course(s) that has been instructed and enter the date instructed.

Continuing Training. Mark "X" in the box to indicate which course was completed for the required continuing training or education and enter the date completed.

- C. **Specialized Topics Certification.** Mark an "X" in the box to indicate the specialized topic instructed and enter the date instructed.

Continuing Training. Mark "X" in the box to indicate which course was completed for the required continuing training or education and enter the date completed.

7. **Signature of Training Center Director, Agency Administrator, or Designee.** The training center director, agency administrator, or designee shall sign this form and enter the date signed.

Agency or Training School Requirements

This form shall be maintained in the instructor's file at the training school or agency.