**Applicant’s Name:**

**Enter Last Four Digits of Applicant’s Social Security Number:**

**Applicant’s home address:**

**Applicant’s phone number:** **Applicant’s Cell Phone/Pager number:**

Pursuant to Chapter 943.13 and Chapter 120 of Florida Statutes, an inspection was conducted of your application for instructor certification file by Field Services staff of the Criminal Justice Standards and Training Commission (CJSTC). Your application was found to be deficient in the following areas:

|  |  |  |
| --- | --- | --- |
| **[ ]**  No documentation of successful completion of Instructor Techniques course or equivalent. **[ ]**  No documentation of serving an internship (documented on the Instructor Competency Checklist form CJSTC-81).**[ ]**  No documentation of related experience in the topic for which certification is sought.**[ ]**  No documentation of successful completion of Human Diversity requirements.**[ ]**  No documentation of required professional licenses or certifications. | **[ ]**  No documentation of successful completion of the approved instructor course for the specialized or high liability topics of instruction.**[ ]**  Did not complete the instructor course within four years of the date of application.**[ ]**  No copies of high-liability or specialized proficiency forms.**[ ]**  Instructor Competency Checklist form CJSTC-81 is incomplete.**[ ]**  No documentation of successful completion of a Commission-approved Breath Test Instructor Certification Course. | **[ ]**  No copy of a valid breath test operator and valid agency inspector permit at the time of application.**[ ]**  The applicant did not complete, sign, and date the Instructor Certification Application form CJSTC-71.**[ ]**  The training center director, agency administrator, or designee did not sign and date the Instructor Certification Application form CJSTC-71.**[ ]**  Other  |

**The following categories are approved for instructor certification pursuant to Rule 11B-20.0013, F.A.C.:**

**[ ]**  General

**[ ]**  Defensive Tactics

**[ ]**  Firearms

**[ ]**  Vehicle Operations

**[ ]**  First Aid

**[ ]**  Canine Team

**[ ]**  Breath Test

**[ ]**  Speed Measurement

**[ ]**  Criminal Justice Diving

**Deficiency Comments:**

**A copy of this notice has been provided to the administrator or designee at:**

 **Training school or Agency**

**Training Center Director, Administrator, or Designee’s Signature Training Center Director, Administrator or Designee’s Printed Name**

**FDLE Field Specialist’s Signature Date Signed**

**TRAINING SCHOOL OR EMPLOYING AGENCY REQUIREMENTS FOR INSTRUCTOR CERTIFICATION**

**1.** The documentation noted above shall be received by the Florida Department of Law Enforcement within 90 calendar days of the above date. Failure to meet all requirements will result in denial of your application for instructor certification**.**

**2.** **The applicant, agency, or training school shall submit or fax this form with all required documentation attached:** Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489. Fax Number: 850-410-8605.

**The applicant shall check the box and sign this form if withdrawing the application.**

**[ ]**  **I withdraw my application for instructor certification due to my inability to comply with statutory requirements.**

 **Applicant’s Signature Applicant’s Printed Name Date**