Southwest Va. Criminal Justice Training Academy

Application for Instructor Development School

Student Name:		Agency:	
Number of Years Employed in Criminal Justice	SSN:		

Level of Education:

High School/GED: _____ Associate Degree:_____ Masters Degree:_____

Some College: _____ Bachelors Degree:_____ Other:_____

Date of Instructor School:

Do you have any experience in public speaking? _____ Yes _____ No (If yes, please explain):

Do you have any experience in using PowerPoint? _____ Yes _____ No (If yes, please explain):

Do you have any prior teaching experience? _____ Yes _____ No (If yes, please explain):

PLEASE LIST ANY SPECIALIZED TRAINING YOU HAVE RECEIVED

TRAINING	DATE OF TRAINING

PLEASE WRITE A BRIEF SYNOPSIS OF WHY YOU ARE SEEKING GENERAL INSTRUCTOR CERTIFICATION

Applicant Signature:	Date:

TO BE COMPLETED BY THE AGENCY ADMINISTRATOR

I, _____ am requesting that _____ be considered as an applicant
(Agency Administrator Name) –Please print (Applicant Name) – Please print

for the General Instructor Development School.

Signature:	**Date:**