



# RRCJA INSTRUCTOR APPRENTICESHIP APPLICATION INSTRUCTIONS



## Initial Instructor Application

In order to document the completion of the required apprenticeship after an initial instructor certification for General, Driving, Defensive Tactics, Firearms, or Speed Measurement two forms must be completed. The first form is the RRCJA application and the second is the Department of Criminal Justice Services Application for Instructor Certification (Form IC-1). The instructor certification will not be complete until RRCJA receives the completed forms (including signature of requesting agency), verifies the apprenticeship, forwards the application to DCJS for approval, and DCJS enters the information into their database. SFST instructor applications must follow Chapter 6 of the DCJS Training Reference Manual.

All instructor apprenticeships, whether for general or specialty, must be completed during the instruction of a DCJS approved, RRCJA sponsored entry-level mandated class, i.e., LE Basic, Jail Basic, or Communications Basic training, or in-service training class. Evaluators must have been certified for at least three years as an instructor in the area for which they are assessing the apprenticeship.

## Minimum Hour Requirements

Instructor applicant must complete at least the minimum number of required hours per instructorship **AND** must demonstrate the ability to successfully instruct without supervision. **GENERAL** – minimum of 4 hours of classroom. **SPECIALITY** (Driving, Defensive Tactics, or Firearms)- minimum of 4 hours classroom **and** 12 hours “field” practical instruction must be completed. **SPEED MEASUREMENT** (RADAR, LIDAR, RADAR/LIDAR), minimum of 2 hours classroom and 2 hours “field” practical instruction.

## Recertification

Instructors must recertify each instructorship by December 31 of every third year following initial instructor certification to maintain their instructorship(s). Instructors must teach a minimum of 8 hours, per instructorship, from initial certification or last recertification date to be eligible for recertification.

## Expired Instructorship Certification

Less than 12 months – attend an instructor recertification class, complete required apprenticeship, and submit Instructor Reinstatement Form (IC-2) and RRCJA Apprenticeship Application to Academy for processing. If instructor certification expired due to lack of 8 hour instruction, an instructor must complete required hours needed for apprenticeship PLUS any hours outstanding of the 8 hour instruction requirement.

Over 12 months – Not eligible for recertification/reinstatement, must complete the instructor certification process as new.

## Instructor Certification Extensions

Instructors may receive a recertification training extension for demonstrated good cause for a maximum of 90 days upon the submission and approval of a Training Extension Form (DCJS Form TE-2) to the DCJS Field Services Staff serving the region. Extensions will only be allowed **prior** to an instructor certification expiration date. Any instructorship that has expired without the approval of a training extension must be handled as an Instructor Reinstatement.

## Combining General with Specialty

The Department of Criminal Justice Services **does not permit** individuals to combine their General Instructor apprenticeship together with a Specialty Instructor apprenticeship.

Each instructor application packet submitted must contain a DCJS Form IC-1 (or IC-2 if requesting reinstatement), and RRCJA Instructor Apprenticeship application. Only one type of instructorship can be requested at a time on the Form IC-1 or IC-2. DCJS will not accept multiple types of instructorships in the same packet.

**Adopted: May 5, 2010; Revised: April 4, 2013; July 28, 2015**



# RRCJA INSTRUCTOR APPRENTICESHIP APPLICATION

Instructor Candidate Name (Print, Last name first): \_\_\_\_\_ SSN: \_\_\_\_\_

Agency: \_\_\_\_\_ Initial Certification Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**For each of the training topics taught, list the type of class. If taught during a basic school, list the name and number. If an in-service class, list the name of the class. (Ex: L.E. #100, In-service – FTO)**

Training Topic: \_\_\_\_\_ Name/Type of Class Taught and Name: \_\_\_\_\_

Number of Hours Taught: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Location: \_\_\_\_\_

I certify that the above instructor taught the classes as indicated. This instructor candidate successfully taught the class independently and to my satisfaction as to quality and content. Signature: \_\_\_\_\_

Name of Evaluator (Printed): \_\_\_\_\_ Evaluator's SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Initial Certification Date: \_\_\_\_\_ Evaluator's Certification Exp. Date: \_\_\_\_\_

Training Topic: \_\_\_\_\_ Name/Type of Class Taught and Name: \_\_\_\_\_

Number of Hours Taught: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Location: \_\_\_\_\_

I certify that the above instructor taught the classes as indicated. This instructor candidate successfully taught the class independently and to my satisfaction as to quality and content. Signature: \_\_\_\_\_

Name of Evaluator (Printed): \_\_\_\_\_ Evaluator's SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Initial Certification Date: \_\_\_\_\_ Evaluator's Certification Exp. Date: \_\_\_\_\_

Training Topic: \_\_\_\_\_ Name/Type of Class Taught and Name: \_\_\_\_\_

Number of Hours Taught: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Location: \_\_\_\_\_

I certify that the above instructor taught the classes as indicated. This instructor candidate successfully taught the class independently and to my satisfaction as to quality and content. Signature: \_\_\_\_\_

Name of Evaluator (Printed): \_\_\_\_\_ Evaluator's SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Initial Certification Date: \_\_\_\_\_ Evaluator's Certification Exp. Date: \_\_\_\_\_

Training Topic: \_\_\_\_\_ Name/Type of Class Taught and Name: \_\_\_\_\_

Number of Hours Taught: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Location: \_\_\_\_\_

I certify that the above instructor taught the classes as indicated. I further certify that this instructor candidate has the ability to "successfully instruct without any further supervision". Signature: \_\_\_\_\_

Name of Evaluator (Printed): \_\_\_\_\_ Evaluator's SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Initial Certification Date: \_\_\_\_\_ Evaluator's Certification Exp. Date: \_\_\_\_\_

\*\*\*\*\* **FOR OFFICE USE ONLY** \*\*\*\*\*

Date of Hire: \_\_\_\_\_ Date Completed Instructor/Recertification: \_\_\_\_\_

If Specialty, General Status: \_\_\_\_\_ Completed 8 hrs: \_\_\_\_\_

Evaluator Certification: \_\_\_\_\_ Evaluator Expiration: \_\_\_\_\_ Class listed in ACE: \_\_\_\_\_

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