

Instructor Biographical Resume

Last Name:		First Name:	
Mailing Address:		City:	State:
Phone:		Secondary Phone:	
Email:			
Licenses:	<input type="checkbox"/> Peace Officer <input type="checkbox"/> Jailer <input type="checkbox"/> Telecommunicator	PID#	
Agency:		Title:	
Total Years' Experience (Include LEO/Telecommunicator/Jail):			
Instructor Certificates: (Check Below)			

<input type="checkbox"/> TCOLE Instructor License or Certificate <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Firearms Instructor <input type="checkbox"/> Taser Instructor <input type="checkbox"/> OC Spray Less – Lethal Instructor <input type="checkbox"/> Baton Instructor <input type="checkbox"/> Defensive Tactics Instructor <input type="checkbox"/> NFDD Instructor <input type="checkbox"/> Basic First Aid Instructor <input type="checkbox"/> SABA/IFAK Medic Instructor	<input type="checkbox"/> Crisis Intervention Instructor <input type="checkbox"/> Citizen Interaction Instructor <input type="checkbox"/> Mental Health Peace Officer Instructor <input type="checkbox"/> Cultural Diversity Instructor <input type="checkbox"/> SFST Instructor <input type="checkbox"/> SAFVIC Instructor <input type="checkbox"/> K9 Handler Instructor <input type="checkbox"/> Mobile Video Instructor <input type="checkbox"/> Arson Instructor	<input type="checkbox"/> Traffic Investigation Instructor <input type="checkbox"/> Ethics Instructor <input type="checkbox"/> Computer Crimes Instructor <input type="checkbox"/> Jail/Confinement Instructor <input type="checkbox"/> 9-1-1 Instructor <input type="checkbox"/> Telecommunication Instructor <input type="checkbox"/> TDD/TYY Instructor <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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Higher Education Degree:	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate
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BIO/Subject Matter Expertise: Explain what course you are qualified to teach and why you are qualified? (Training & Experience)

As the instructor submitting this document and all necessary attachments, I am certifying, subject to criminal penalty, that the contents of this official government document are true and correct.

Instructor Signature

Date

As the training coordinator, I am certifying, subject to criminal penalty, that this official government document and required attachments have been reviewed for compliance with TCOLE rules and that the instructor meets the qualifications to teach the designated course(s).

Coordinator Signature

Date