

# APPLICATION FOR WEST VIRGINIA IN-SERVICE TRAINING PROGRAMS

Questions may be directed to:

Ret. Cpt. Chuck Sadler, (304) 558-8814, ext. 53315, or Charles.A.Sadler@wv.gov

NAME OF SPONSORING AGENCY:

MAILING ADDRESS:

ORI/NCIC NUMBER (If Applicable): **WV**

CONTACT PERSON:

PHONE NUMBER:

EMAIL ADDRESS:

COURSE TITLE:

NUMBER OF HOURS:           Note: Training is approved in hourly increments, time for meals may not be approved, reasonable break times may be included in calculating number of hours of the training program.

Annual In-Service – Under Rank of Sergeant

Supervisory – Rank of Sergeant and Above – Addresses management topics

DATES OF IN-SERVICE PROGRAM:

COURSE LOCATION:

**AUTHORIZED AGENCY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_

**NOTE: If submitting electronically complete Signature Block on Page 5**

IDENTIFY TRAINING AIDS USED IN THE DELIVERY OF THIS COURSE:

Reference Material

Hand-Outs

Audio Visual

Self Study Information

Laboratory

Special/Other Equipment (Identify)

IDENTIFY THE INSTRUCTIONAL METHODOLOGY USED TO DELIVER THE PROGRAM/COURSE:

Lecture

Seminar

Role Play

Self Study

Other (Identify)

Field Demonstration

Mock Scene

Conference/Discussion

Practical Exercise

LIST EVALUATION DEVICES TO BE USED WITH THE COURSE:

Student Evaluation Form

Student Observation Form

Instructor Evaluation Form

Interviews

WHAT TYPE OF TEST INSTRUMENTS WILL BE USED IN THIS COURSE?

- |  |  |
|--|--|
| <input type="checkbox"/> None                      | <input type="checkbox"/> Role Play           |
| <input type="checkbox"/> Multiple Choice Questions | <input type="checkbox"/> Hands On            |
| <input type="checkbox"/> True/False Questions      | <input type="checkbox"/> Skill Demonstration |
| <input type="checkbox"/> Essay Questions           | <input type="checkbox"/> Other (Specify):    |

HOW MANY TEST/EVALUATIONS ARE TO BE ADMINISTERED DURING THIS COURSE?

WHAT WILL BE THE STANDARD FOR SUCCESSFUL COMPLETION?

%

WILL PRE/POST TESTING BE USED? YES  NO

EXPECTED ENROLLMENT:

IS THERE ANY PREREQUISITE TRAINING THAT MUST BE COMPLETED TO ATTEND THIS TRAINING?

YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, what are they \_\_\_\_\_

ARE YOU INVITING OFFICERS FROM SURROUNDING AREAS? YES  NO

IS THIS TRAINING OPEN TO NON LAW ENFORCEMENT OFFICERS? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT IS THE FEE FOR ATTENDING THIS PROGRAM? \$

WHOM SHOULD CHECKS BE MADE PAYABLE TO? \_\_\_\_\_

WILL SPONSORING AGENCY ACCEPT PAYMENT BY OTHER MEANS? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what other means, i.e. credit card, electronic transfer, etc. \_\_\_\_\_

HAS THE FACILITY/CLASSROOM BEEN PREVIOUSLY APPROVED BY THE LAW ENFORCEMENT TRAINING SUBCOMMITTEE FOR IN-SERVICE TRAINING PROGRAM? YES  NO  If NO, complete ensure pages 3 and 4 are completed as to classroom facility.

DESCRIBE ANY SPECIAL RESOURCES THAT WILL BE USED TO DELIVER THIS PROGRAM.

HAVE YOU ATTACHED THE COURSE SCHEDULE, WHICH INCLUDES THE MAIN TOPICS OF THE COURSE AND SUB-TOPICS THAT WILL FURTHER DEFINE THE INSTRUCTION?

YES  NO

HAVE YOU ATTACHED THE PROGRAM GOALS/OBJECTIVES FOR THIS IN-SERVICE COURSE?

YES  NO

DESCRIBE THE SYSTEM THAT YOU INTEND TO USE TO KEEP TRAINING RECORDS, ON STUDENTS, THEIR TEST SCORES, AND PROGRAM AND INSTRUCTOR EVALUATIONS. INCLUDE HOW LONG YOU WILL MAINTAIN THE RECORDS, COST OF RETRIEVAL AND LOCATION OF STORED DATA.

i.e. All training records for the (insert applicable agency) are maintained at the (insert applicable agency location). Records, files, test scores and evaluations **WILL** be kept in their original state for a minimum period of three (3) years. Retrieval of any record for another law enforcement agency or criminal justice organization is free of charge to the requesting body.

LIST INSTRUCTORS BY NAME, DEPARTMENT, COURSE TOPIC THEY WILL INSTRUCT, INDICATING THOSE WHO ARE LET CERTIFIED. A RESUME MUST BE ATTACHED FOR THOSE INSTRUCTORS WHO ARE NOT LET CERTIFIED AND ARE NOT EXEMPT FROM THE CERTIFICATION PROCESS.

NAME	Department	Course Topic	LET/POST Certified No/Yes and State

**Additional information on instructor Qualifications/Background:**

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**CLASSROOM FACILITY**

Name of facility/classroom where training is to be held: \_\_\_\_\_  
\_\_\_\_\_

Location: \_\_\_\_\_

**Electronic Signature Block**

I have examined the information contained within this application and certify that it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority for such applications by the sponsoring agency by the appropriate official. Completion of the following information constitutes your “signature” of this application.

First Name:

Last Name:

Title:

Phone:

Email:

Submit the document to **Charles.A.Sadler@wv.gov**

Revised 11 Sep 10