MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR INSTRUCTOR APPLICATION

Name: _____ Rank/ Title: _____
Last, First Middle

Date of Birth: _____ SSN: _____
Month / Day / Year

Agency/ Dept.: _____ Phone: _____

Mailing Address: _____
Post Office Box or Street City Zip Code

E-mail Address: _____

Are you now or have you ever been a certified emergency telecommunicator in MS? Yes___ No ___
I am requesting: New Instructor Certification___ Renewal of Instructor Certification ___ (Inst. Cert. #) _____
Type of certification requested: Basic (law enforcement/fire)_____ EMS _____

Circle the highest number of years of education completed. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Please indicate your education and experience by checking one (1) of the following and attaching a copy of your highest diploma/degree.

_____ High school graduate or G.E.D. and five (5) or more years of experience as a telecommunicator.
_____ Two (2) years of college and four (4) or more years of experience as a telecommunicator.
_____ BS or BA Degree and three (3) or more years of experience as a telecommunicator.

If none of the above are checked, you do not meet the requirementsfor instructor certification as stated in the Board of Emergency Telecommunications Standards & Training (BETST) Policy and Procedures Manual, Instructor Certification section.

Please list your emergency telecommunications employment/experience within the last three/five years.

Agency/Department	Position	City/State		Month	Day	Year
			From:			
			To:			
			From:			
			To:			

(If more space is required, please attach additional 8.5 x 11 sheets of paper.)

1. Do you hold professional credentials (excluding BETST professional certification) recognized by the BETST? Yes ___ No ___ If yes, attach a copy of each degree, license, professional credential or other documentation that applies. (Note: EMS applicants must furnish a copy of their EMT basic certificate.)

2. Have you completed a BETST-approved basic or EMD telecommunications course? Yes___ No ___

3. Have you completed a BETST-approved basic or EMD telecommunications instructor course? Yes___ No ___ If yes, give the dates, type of course, and location of course (Also, attach a copy of the certificate).

4. Have you conducted three courses in your certified area(s) of instruction in a Board-approved curriculum during the previous certification period? (**Question #4 is for those seeking re-certification as an instructor**).

   Yes___ No ___ If yes, attach documentation. If no, you donot meet the requirements for instructor re-issuance as stated in the BETST Policy and Procedures Manual, Instructor Certification.

APPLICANT'S BACKGROUND INVESTIGATION REVIEW

		Circle One	
1	Have you ever been a defendant in a court martial, Article 15, Captain's Mast or other nonjudicial punishment?	Yes	No
2	Has a judgement ever been issued against you?	Yes	No
3	Have you ever declared bankruptcy?	Yes	No
4	Have you ever been arrested or charged with a crime?	Yes	No
5	Have you ever received any alternatives to sentencing such as probation before judgement, pretrial diversion, non-adjudication of guilt or have you ever had an expungement?	Yes	No
6	Have you ever been found guilty or pled guilty or no contest to a crime?	Yes	No
7	Have you ever been refused a surety bond or turned down for employment that required a surety bond?	Yes	No
8	Have you ever: (a) been suspended for any reason from any employment; (b) been terminated from any employment; (c) resigned to prevent termination from any employment; (d) resigned prior to, during or at the conclusion of any such investigation into your activities?	Yes	No
9	Have you ever been addicted to or hospitalized for the use of alcohol or drugs?	Yes	No
10	Have you ever had a certificate, license or privilege removed, revoked, suspended, or voluntarily relinquished the same under state, federal or other laws?	Yes	No

I, the undersigned do hereby authorize and direct any duly authorized representative of a public safety agency to provide the POST full and complete disclosure of any information, public and private, pertaining to myself or my employment as required by the POST regarding my certification and my qualifications to be a certified instructor. It is my intent to provide full and free access to all information about me including my: work record, background and reputation, military records, educational records, financial status, criminal history and/or arrest record, information in investigatory files, job performance, attendance records, complaints or grievances, records or recollections of attorneys whether representing me or another person in any case in which I have had an interest, polygraph examinations, internal affairs investigations, discipline files and files which are deemed to be confidential and/or sealed.

I further authorize and direct the POST to provide copies of said records and/or any other record or document contained or related to my certification application and record to any duly authorized representative of a public safety agency.

I hereby release the POST and its authorized agents, the public safety agency and its authorized agents and all others, individually and collectively, from any and all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I understand that should any information of a criminal nature surface, the information may be turned over to the appropriate authorities.

I, the undersigned, do hereby swear and affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted, pled guilty, pled nolo contendere, fined, ordered into probation or pre-trial diversion in relation to a felony or a misdemeanor involving moral turpitude, that I have a valid high school diploma or its equivalent, that my discharge (if any) from the Armed Forces was under honorable conditions, that I am of good moral character, **that I have provided my employer/sponsoring agency with a full explanation (without any omissions) of each and every "yes" answer to the above questions, one (1) through ten (10) of the "Instructor Application for Certification" form, and that these explanations (if any) are attached to this form**, that I am at least eighteen (18) years old, that I have read and understand this form, all the instructions contained therein and do hereby confirm that all of the information contained in this application and/or all other information I furnish in conjunction with my application is true and correct.

Witness my signature this, the_____ day of _____, 20___.

_____ _____

Applicant's Signature Print Applicant's Name

BELOW TO BE COMPLETED BY THE APPLICANT

I hereby testify that all the information contained in this application and the copies of all materials and certificates that I have furnished with this application are true and correct. I have met the requirement as stated in the BETST Policy and Procedures Manual, Instructor Certification. I also affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or a misdemeanor involving moral turpitude, that my discharge (if any) from the armed forces was under honorable conditions and that I am of good moral character. I understand that any misrepresentation of information on this application is cause for revocation.

Also, I, circle one, (Agree) (Disagree) to be available to instruct employees from outside agencies.

_____ _____

Signature of Applicant Date Signed

NOTARY PUBLIC

I, the undersigned authority in and for _____ County and State, do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in the "Instructor Application for Certification" form, and that the said individual signed the foregoing "Application for Certification" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20___.

Notary Public _____

BELOW TO BE COMPLETED BY THE AGENCY/DEPARTMENT DIRECTOR

I have reviewed the credentials and evaluated the instructional abilities of this applicant as required in the BETST Policy and Procedures Manual, Instructor Certification and recommend certification as an instructor. If this is an application for renewal, this applicant has documented instructional activity of BETST-certified programs during this current period of certification. I am satisfied with the continuing knowledge of this individual in the area(s) of re-certification. I understand it is my responsibility to utilize this instructor only in the areas of his/her expertise and provide stewardship of his/her certification.

The applicant's fingerprints have been submitted to the Criminal Information Center of the Mississippi Department of Public Safety as a part of the background investigation and a copy of the FBI report will be included in the applicant's personnel file and a copy is attached to this "Instructor Application for Certification" form.

Also, I, circle one, (Agree) (Disagree) to allow this instructor to be available to instruct employees from outside agencies.

_____ _____

Signature of Agency Director Date Signed

NOTARY PUBLIC

I the undersigned authority in and for _____ County and State do hereby attest that the above individual did personally appear before me. Who being by me first duly sworn on oath, depose and state that he or she is the individual named in the portion of this "Instructor Application for Certification" form to be signed by the Agency/Department Director, and that the said individual signed the foregoing "Instructor Application for Certification" form.

GIVEN under my hand and official seal this, the _____ day of _____, 20___.

Notary Public _____

INSTRUCTIONS

In accordance with the MCA § 19-5-301 et al. *Warning*: MCA § 97-7-10 Fraudulent Statements and Representations - provides for severe penalties for misrepresentations or fraudulent statements to a Board. This statute authorizes a fine of up to $10,000.00 and a jail sentence of up to five (5) years. Further, the BETST Board is authorized in § 19-5-353 (8) to cancel and recall any certificate obtained through misrepresentation or fraud.

The "Instructor Application for Certification" form must be completed and approved by the Board as part of becoming eligible to instruct courses.

Type or print in ink when completing this form. Record the applicant's full name, social security number, date ofhire as an instructor, date of birth, current position or rank, the name of the employing agency/department and/or private company, the agency's mailing address and telephone number. Indicate whether or not the applicant has ever been certified under the program by checking "yes" or "no" in the space provided. If the answer is yes, enter the applicant's certificate number. Indicate the type(s) of certification being requested. Circle the number of years of education completed by the applicant. Check whether the applicant has a high school diploma or GED and denote any degrees earned other than a high school diploma or GED (i.e., BS - Bachelor of Science, BA - Bachelor of Arts, etc.)

List all past emergency telecommunications employment that has been held by the applicant, beginning with the applicant's most previous employment and working back. Include the name of the employer, the position held, the city and state where employed, and the dates of said employment.

Applicant's Background Investigation Review - **Circle** the answer that applies. A *"yes"* answer to any of these questions does not automatically bar anyone from obtaining certification. Any of the questions, items one (1) through ten (10) that are answered *"yes"* must be explained to the Board. **The explanation must be typed or printed in ink on a separate eight and a half (8½") by eleven (11") inch sheet of paper, signed and dated by the applicant and include all related court documents.**

All crimes must be reported, to include alcohol and drug related offenses. The only exceptions to this requirement are traffic offenses where the fine is less than one hundred dollars ($100.00) and where the applicant has had fewer than four (4) traffic offenses within the preceding twenty-four (24) months.**All traffic offenses involving drugs or alcohol, are to be reported regardless of the fine. Any alternative to sentencing that has been decreed by any political subdivision must be reported including, but not limited to: pre-trial diversion, probation, fines, restitution, or community service.**

The applicant must sign and date this "Instructor Application for Certification" form before a Notary Public.

Agency/Department Director - This portion of the application must be completed by the head of the agency/department or someone with authority to sign in his/her name. There must be a letter on file, at this office, stating specifically who has the authority to sign in the department head's name. This letter will have to be authorized by the head of said agency/department. **The applicant's fingerprints must be submitted to the Criminal Information Center of the Mississippi Department of Public Safety (see the address below). A copy of the FBI fingerprint report must be kept in the applicant's personnel file and a copy must be attached to this "Instructor Application for Certification" form.**

Criminal Information Center/MJIC
Department of Public Safety
"Fingerprints"
3891 Highway 468 West
Pearl, Mississippi 39208
Telephone # - (601) 933-2600

This "Instructor Application for Certification" form must be signed and dated before a notary public by the agency head or someone with authority to sign in the agency head's name.

MS Dept. of Public Safety/Div. Of Public Safety Planning/
Office of Standards and Training
3750 I-55 Frontage Rd N
Jackson, Mississippi 39211-6323
Telephone # - (601) 987-3096, Fax # - (601) 987-3086