

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			
<u>TRAINING</u>		<u>DATE OF TRAINING</u>	
PLEASE WRITE A BRIEF SYNOPSIS OF WHY YOU ARE SEEKING GENERAL INSTRUCTOR CERTIFICATION			
Applicant Signature:			Date:

TO BE COMPLETED BY THE AGENCY ADMINISTRATOR	
<p>I, _____ am requesting that _____ be considered as an applicant (Agency Administrator Name) –Please print (Applicant Name) – Please print for the General Instructor Development School.</p>	
Signature:	Date:

