



Instructor Development Course – General Topics Waiver:

The required documents for the Instructor Development Course – General Topics Waiver are:

- 1) Instructor Personal History Form
- 2) 50 Minute Instructor Evaluation signed off by qualifying Instructor Evaluator
- 3) Resume
- 4) Documentation of advanced academic credentials or qualifying course certificate

In order to qualify for the Instructor Development Course – General Topics Certification/Waiver, the requirements and applicable policies are:

(9) NYCRR Part § 6023.3 Requirements for instructor certification

Each applicant requesting instructor certification must:

- a) possess a high school diploma or its equivalent;
- b) if a police or peace officer, be employed as such at the time such officer requests instructor certification and have successfully completed a Municipal Police Training Council approved Basic Course for Police Officers or Basic Course for Peace Officers, as appropriate;
- c) if not a police or peace officer, be sponsored by his or her employing police or peace officer agency; and
- d) have successfully completed an instructor development course (IDC) approved by the commissioner or satisfy the requirements set forth in section 6023.4 of this Part.

(9) NYCRR Part § 6023.4 Requirements for special certification

Special instructor certification may be granted, at the discretion of the commissioner, upon written application. The requirement of the satisfactory completion of an approved instructor development course, as outlined in section 6023.3(d) of this Part, may be waived in instances where the applicant can demonstrate technical expertise and has advanced academic credentials or unique qualifying experience, provided, however, that the applicant be evaluated in a classroom setting and found to possess and exhibit acceptable instructional skills and technical expertise. Evaluations shall be conducted by the Division of Criminal Justice Services or its designee.

(9) NYCRR Part § 6023.6 Exemptions from instructor certification

Upon written request, the requirement mandating instructor certification may be waived by the commissioner if he or she finds the applicant is qualified by background and experience to serve as an instructor.

(9) NYCRR Part § 6023.6 permits the Division to exempt persons qualified by background and experience from attending an Instructor Development Course. Examples of such qualifications are:

- a) A Bachelor's Degree in Education,
- b) A NYS teacher's certificate,
- c) A Master's Degree and relevant experience,
- d) A PhD and relevant experience,
- e) Juris Doctorate
- f) Fire Instructor Level I and Level II from the NYS OFPC,
- g) 80 Hour Army Basic Instructor Course, or
- h) 80 Hour Federal Law Enforcement Training Center (FLETC) Law Enforcement Instructor Training Program (LEITP).
- i) 80 Hour Department of Veterans Affairs Instructor Development Course

Firearms Instructor Course Waiver:

The qualifications for the Firearms Instructor Course and Waiver are:

(9) NYCRR Part § 6024.2 Requirements for firearms instructor certification

Each applicant for firearms instructor shall meet all of the following requirements:

- a) Possess a high school diploma or its equivalent.
- b) Have a minimum of three years of police, peace officer or Federal law enforcement officer experience (*CPL 2.15*). The peace officer and Federal law enforcement officer experience requirement can only be satisfied by those persons who have carried a firearm in the course of their official duties and have done so for the prescribed period of time.
- c) Successfully complete a Municipal Police Training Council approved basic course for police officers or basic course for peace officers, as appropriate, or a requisite basic training course prescribed by a Federal law enforcement officer employer.
- d) Successfully complete an instructor development course which is acceptable to the commissioner.
- e) Successfully complete a firearms instructor course of at least 35 hours duration and which is acceptable to the commissioner. **(Currently only the FBI or Dept of State courses are accepted for a waiver)**

New York State Division of Criminal Justice Services
INSTRUCTOR EVALUATION CHECKLIST
(9 NYCRR 6023)

THIS FORM IS USED TO DOCUMENT INITIAL INSTRUCTOR EVALUATIONS OR INSTRUCTOR RE-EVALUATIONS IN ALL TOPIC AREAS INCLUDING FIREARMS. FORMS PRESENTED FOR FILING MUST CONTAIN PHYSICAL OR ELECTRONIC SIGNATURES.

Pursuant to *Title 9 of the Official Compilation of Codes, Rules, and Regulations, Part 6023* (9NYCRR6023), all instructors for Municipal Police Training Council approved courses, must be certified, and regularly recertified, by evaluators certified through the Division of Criminal Justice Services (DCJS).

All evaluations must be conducted by a Municipal Police Training Council (MPTC) certified Instructor Evaluator who maintains a current General Topics Instructor certification. Firearms evaluations must be conducted by an MPTC certified Instructor Evaluator who maintains a current Firearms Instructor certification. Evaluations performed by officers who do not possess an evaluator certification or whose instructor certification has expired will be null and void.

The evaluator must complete this form. Check the box next to the type of evaluation to be performed. Enter the name, last four of Social Security Number, agency name and the ***email address** of the instructor to be evaluated. Enter the name, last four of Social Security Number, and agency name of the evaluator. Enter the classroom location and start time. For firearms evaluations, enter the range location and start time for the range portion of the evaluation.

Evaluations must include at least one hour of instruction. Firearms evaluations must include one hour in the classroom and one hour on the firing range.

Indicate the end time at the top of page one. All evaluations must be for at least fifty minutes in the classroom, and at least fifty minutes on the firing range (for firearms instructors – 9NYCRR 6024).

***Effective February 1, 2010, all certificates issued by the Office of Public Safety will be done electronically.** A current valid email address for the instructor will be required.

S E C T I O N I : EVALUATION OF THE INSTRUCTOR

The evaluator must complete this section.

- A. Evaluate the facilities to include the preparation of the prior preparation of the facilities, heat, light, and air, as well as the arrangement of seating of the room.
- B. Evaluate the instructor on their ability to deliver an introduction about themselves, the lesson objectives, the value to the trainee, and how the lesson relates to the overall program.
- C. Evaluate the instructor's classroom presence to include attire, grooming, posture, mannerisms, confidence, and eye contact.
- D. Evaluate the instructor's voice to include volume, variability, pronunciation, grammar, and repetition of words/sounds.
- E. Evaluate the trainee participation to include attention, discussion, exercise, questions, and the response given.
- F. Evaluate the presentation method to include subject knowledge, sequence of concepts, clarity of explanation, was the lesson planned, was it convincing, is the instructor polite, checking for comprehension, and was the material summarized.
- G. Evaluate the training aids to include their support of the presentation, their quality, and the use of the aids. **Each presentation must use at least one training aid.**
- H. FIREARMS ONLY. Evaluate the instructor's maintenance of range safety and use of clear, understandable range commands. **Failure to maintain firearms safety automatically results in an unacceptable firearms instructor rating.**

Check the box next to the Training Aids Used. Identify the training aids used in the presentation; each presenter should use at least one training aid. For video presentations, indicate the time length of the video.

New York State Division of Criminal Justice Services
INSTRUCTOR EVALUATION CHECKLIST
(9 NYCRR 6023)

SECTION II: IMPROVEMENT RECOMMENDATIONS

This section must be completed by the evaluator and is required for any sections that the instructor received a “U” in.

Ratings

Indicate the Instructor’s overall performance rating as either acceptable or unacceptable. Three “U” ratings will automatically result in an unacceptable rating. **Failure to maintain firearms safety automatically results in an unacceptable firearms instructor rating**

After reviewing the form, the evaluator and the instructor must sign and date the form.

Mailing Instructions

Completed forms should be e-mailed to:

ops.coursecompletion@dcjs.ny.gov

Questions

If you have any questions regarding this form, call (518) 457-2666 for assistance.

New York State Division of Criminal Justice Services
INSTRUCTOR EVALUATION CHECKLIST
 (9 NYCRR 6023)

FORMS COMPLETED BY NON-MPTC CERTIFIED OR EXPIRED EVALUATORS WILL BE DEEMED NULL AND VOID.

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

| | | | | | |
|---|------------|-----------------------|------------------------------------|------------|----------|
| Type of Evaluation <input type="checkbox"/> General Topics Instructor <input type="checkbox"/> Firearms Instructor | | Topic | | Date | |
| Instructor | | Last 4 Digits of SSN* | | Agency | |
| **Instructor Email Address (Required for issuance of certificate) | | | Alternate Instructor Email Address | | |
| Evaluator | | Last 4 Digits of SSN* | | Agency | |
| Classroom Location | Start Time | End Time | Range Location | Start Time | End Time |

Minimum 1 Hour (50 min.)

Minimum 1 Hour (50 min.)

Check each item in Section I as acceptable (A) or unacceptable (U). Items, which are not applicable to the type of lesson presented, will be (NA). Items checked (U) will require comment in Section II. ** Denotes mandatory item.

| SECTION I | RATINGS | | | COMMENTS |
|-----------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|
| | U | A | NA | |
| A. FACILITIES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1. PRIOR PREPARATION | | | | |
| 2. HEAT, LIGHTS, AIR | | | | |
| 3. ARRANGEMENTS (IE SEATS) | | | | |
| OVERALL | | | | |
| B. PRIOR PREPARATION | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1. SELF | | | | |
| 2. LESSON PLAN | | | | |
| 3. VALUE TO TRAINEE | | | | |
| 4. RELATION TO PROGRAM | | | | |
| OVERALL | | | | |
| C. CLASS PRESENCE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1. ATTIRE, DRESS | | | | |
| 2. GROOMING | | | | |
| 3. POSTURE | | | | |
| 4. MANNERISMS | | | | |
| 5. CONFIDENCE | | | | |
| 6. EYE CONTACT | | | | |
| OVERALL | | | | |
| D. VOICE | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 1. VOLUME | | | | |
| 2. VARIABILITY | | | | |
| 3. PRONUNCIATION | | | | |
| 4. GRAMMAR | | | | |
| 5. REPETITION (WORDS/SOUND) | | | | |
| OVERALL | | | | |

DCJS USE ONLY

New Update Date Sent _____ Cert. Date _____ Exp. Date _____

Type of Certificate Issued: General Topics Firearms Other _____

New York State Division of Criminal Justice Services
INSTRUCTOR EVALUATION CHECKLIST
 (9 NYCRR 6023)

| SECTION I | RATINGS | | | COMMENTS |
|--|---------|---|---|----------|
| | U | A | NA | |
| E. TRAINEE PARTICIPATION | X | X | X | |
| 1. ATTENTION | | | | |
| 2. DISCUSSION | | | | |
| 3. EXERCISE | | | | |
| 4. QUESTIONS | | | | |
| 5. RESPONSE GIVEN | | | | |
| OVERALL | | | | |
| F. PRESENTATION METHOD | X | X | X | |
| 1. SUBJECT KNOWLEDGE | | | | |
| 2. SEQUENCE OF CONCEPTS | | | | |
| 3. CLARITY OF EXPLANATION | | | | |
| 4. LESSON PLANNED | | | | |
| 5. CONVINCING | | | | |
| 6. POLITENESS | | | | |
| 7. COMPREHENSION | | | | |
| 8. SUMMARIZED | | | | |
| OVERALL | | | | |
| G. TRAINING AIDS | X | X | X | |
| 1. SUPPORT OF PRESENTATION | | | | |
| 2. QUALITY | | | | |
| 3. USE | | | | |
| OVERALL | | | | |
| H. FIREARMS INSTRUCTOR ONLY | X | X | X | |
| 1. MAINTAINED FIREARM SAFETY** | | | | |
| 2. CLEAR, UNDERSTANDABLE RANGE COMMANDS | | | | |
| OVERALL | | | | |
| Check Teaching Aids Used (Instructor must use <u>at least one</u> teaching aid): <input type="checkbox"/> Transparencies <input type="checkbox"/> Slides <input type="checkbox"/> Computer Presentation <input type="checkbox"/> Chalkboard <input type="checkbox"/> Charts <input type="checkbox"/> Flipcharts <input type="checkbox"/> Models <input type="checkbox"/> Handouts <input type="checkbox"/> Audio Tapes <input type="checkbox"/> Video (Time: _____) <input type="checkbox"/> Other (specify) _____ | | | | |
| SECTION II IMPROVEMENT RECOMMENDATIONS (Mandatory for items that received a (U) rating) | | | | |
| | | | | |
| OVERALL PERFORMANCE RATING (CLASSROOM) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | | | OVERALL PERFORMANCE RATING (FIRING RANGE) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | |
| Evaluator Signature | | | Instructor Signature | |

New York State Division of Criminal Justice Services
INSTRUCTOR PERSONAL HISTORY FORM
(9 NYCRR 6023)

THIS FORM IS USED TO APPLY FOR INSTRUCTOR CERTIFICATION WITH THE MUNICIPAL POLICE TRAINING COUNCIL AND THE DIVISION OF CRIMINAL JUSTICE SERVICES FOR CERTIFICATION AS A GENERAL TOPICS INSTRUCTOR OR APPROVED SPECIAL TOPICS INSTRUCTOR. **APPROVED SPECIAL TOPICS INSTRUCTOR STATUS MAY ONLY BE GRANTED IF THE CANDIDATE CAN DEMONSTRATE TECHNICAL EXPERTISE AND HAS ADVANCED ACADEMIC CREDENTIALS OR UNIQUE QUALIFYING EXPERIENCE, PROVIDED, HOWEVER, THAT THE APPLICANT BE EVALUATED IN A CLASSROOM SETTING AND FOUND TO POSSESS AND EXHIBIT ACCEPTABLE INSTRUCTIONAL SKILLS AND TECHNICAL EXPERTISE.** FORMS PRESENTED FOR FILING MUST CONTAIN PHYSICAL OR ELECTRONIC SIGNATURES.

Pursuant to *Title 9 of the Official Compilation of Codes, Rules, and Regulations of the State of New York Part 6023 (9 NYCRR 6023)*, all instructors for Municipal Police Training Council (MPTC) approved courses, must be certified by the Division of Criminal Justice Services (DCJS). DCJS uses the Instructor Personal History Form to determine an individual's eligibility to receive a certification as an instructor, and for other lawful purposes. DCJS reserves the right to require further documentation as necessary to properly classify an applicant. The information provided may be added to the applicant's training record and made available pursuant to law.

SECTION I: TYPE OF CERTIFICATION

The instructor applicant must complete this section. Select the type of certification based on the completion of an Instructor Development Course or by possession of technical expertise and advanced academic credentials or unique qualifying experience.

Certified General Topics Instructor

Requirements for Instructor Certification(9NYCRR 6023.3)

Applicants must: possess a high school diploma (or equivalent); if a peace or police officer be employed as such and completed a MPTC Basic Course for Police Officers or Basic Course for Peace Officers, as appropriate; if not a police or peace officer, be sponsored by their employing agency; and successfully complete an instructor development course approved by the commissioner or satisfy the requirements set forth in 9NYCRR 6023.4.

This is the most common method of instructor certification.

Requirements for Special Certification (9NYCRR 6023.4)

Special instructor certification may be granted at the discretion of the commissioner upon written application. The requirement of satisfactory completion of an approved Instructor Development Course as set forth in section 6023.3(d) of this Part may be waived in instances where the applicant can demonstrate technical expertise and has advanced academic credentials or unique qualifying experience, provided, however, that the applicant be evaluated in a classroom setting and found to possess and exhibit acceptable instructional skills and technical expertise.

Applicants who have earned a Bachelors degree in education (or equivalent), a Masters degree, a Juris Doctorate (JD), or a Doctoral degree are deemed to have advanced academic credentials or unique qualifying experience.

Approved Instructor

Exemptions from Instructor Certification (9NYCRR 6023.6)

Upon written request, the requirements mandating instructor certification may be waived by the commissioner if he or she finds the applicant is qualified by background and experience to serve as an instructor.

Applicants must explain in detail the background and experience that is at a level higher than the normal peace or police instructor in a specific topical area in Section IV of the application. Written documentation of background, experience, and training received in the topical area must be attached to the application. This exemption will not be approved to avoid attendance of required special topic instructor programs.

New York State Division of Criminal Justice Services
INSTRUCTOR PERSONAL HISTORY FORM
(9 NYCRR 6023)

SECTION II: PERSONAL INFORMATION

Type or print legibly, the applicant's last name, first name, middle initial, last four of social security number, and date of birth. With the exception of social security number, the information in Section I is required. Incomplete submissions will not be processed.

SECTION III: EMPLOYER INFORMATION

Type or print legibly, the agency name, telephone number (including area code), and the applicant's contact number (if different).

Enter the Status of the applicant with the employer. If the applicant is a civilian working in conjunction with a law enforcement agency or academy, the Chief Executive Officer must approve and sign the application pursuant to 9NYCRR 6023.3 (c). The signature of the Chief executive Officer or Academy Director verifies the applicant provides instruction for that agency.

Peace and police officer applicants must indicate the basic training course completed and enter the location and dates of that training.

SECTION IV: EDUCATIONAL EXPERIENCE

This section must be completed for all applicants. The information in Section IV describes the applicant's credentials. Check the box that describes the highest level of education attained. Enter the name of the college or issuing authority and the date certification was conferred. Enter the name of any special licenses. Enter the name of the issuing authority and the date conferred.

Briefly describe the qualifications which may provide for approval as an instructor in specific special topics areas. If more space is required, attach additional sheets as necessary. Attach a photocopy of any degrees, certifications or licenses described or that may be relevant to the applicant's certification as an instructor.

Indicate whether instructor certification has previously been denied by any organization. If denied, please attach an explanation. Indicate whether or not an instructor certification has ever been revoked by any organization. If revoked or suspended, please attach an explanation.

SECTION V: ATTESTATION

Review the attestation contained in Section V. This section must be completed in the presence of a Notary Public.

Mailing Instructions

Completed forms should be e-mailed to:

ops.coursecompletion@dcjs.ny.gov

Questions

If you have any questions regarding this form, call (518) 457-2666 for assistance.

New York State Division of Criminal Justice Services
INSTRUCTOR PERSONAL HISTORY FORM
 (9 NYCRR 6023)

SECTION I – TYPE OF CERTIFICATION

| |
|--|
| <input type="checkbox"/> Certified General Topics Instructor – Completed an IDC (9NYCRR 6023.3) or Special Instructor Certification (9NYCRR 6023.4) |
| <input type="checkbox"/> Approved Instructor (9NYCRR 6023.6) - Topic Area: _____ |

SECTION II – PERSONAL INFORMATION

| | | | |
|-----------|-----------------|-----------------------|---------------|
| Last Name | First Name & MI | Last 4 Digits of SSN* | Date of Birth |
|-----------|-----------------|-----------------------|---------------|

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

SECTION III – EMPLOYER INFORMATION (Civilian applicants must obtain signature of Chief Executive Officer)

| | | |
|---|--|-----------------------|
| Employer | Employer Telephone | Your Telephone (Work) |
| Status at Agency <input type="checkbox"/> Police Officer <input type="checkbox"/> Peace Officer <input type="checkbox"/> Academy Instructor <input type="checkbox"/> Paid Consultant <input type="checkbox"/> Civilian | Signature and Title of Chief Executive Officer (For Civilian Applicants Only) _____ | |
| Basic Training (Peace and Police Officer applicants) <input type="checkbox"/> Basic Course for Police Officer (NYS) <input type="checkbox"/> Basic Course for Peace Officers <input type="checkbox"/> Campus Public Safety Officer Course | Location of Training | Date Completed |

SECTION IV – EDUCATIONAL EXPERIENCE (If more space is required, attach an additional form)

| | | |
|--|--|----------------|
| Education <input type="checkbox"/> Ph.D. <input type="checkbox"/> Masters <input type="checkbox"/> Bachelor <input type="checkbox"/> Associates | Name of College/Issuing Authority (Attach Photocopy of Transcript) | Date Conferred |
| Special Licenses (attach additional sheet if necessary) | Name of Issuing Authority (Attach Photocopy of Certification) | Date Conferred |

Briefly explain the education, experience, or training that qualifies the applicant for approval (Attach Documentation):

| | |
|---|---|
| Have you ever had any instructor certification denied by any agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by whom? (Attach Explanation) | Have you ever had any instructor certification suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? (Attach Explanation) |
|---|---|

SECTION V – ATTESTATION

Applicant Attestation: *This affidavit must be signed and sworn to by the applicant before a Notary Public. I hereby attest that the information in this application is true to the best of my knowledge and belief. I understand that any omission or inaccuracy may be deemed sufficient reason to deny certification. I understand the Division of Criminal Justice Services may ask for additional information or documentation.*

Notary Stamp

Applicant Signature: _____

Sworn and subscribed to before me this _____ day of _____, 20____

Notary Signature: _____

DCJS USE ONLY

| | | | | |
|----------------|-----------------|------------------------|--|--------------|
| IDC Completed: | BCPO Completed: | Evaluation Acceptable: | Meets or Exceeds Qualifications for Non-Certified Special Topics instructor: | Approved By: |
| Yes No | Yes No | Yes No | Yes No | |