

PRE-EMPLOYMENT CORRECTION BASIC TRAINING PROGRAM – SCHOOL APPLICATION

THIS FORM IS USED TO APPLY FOR APPROVAL OF A PRE-EMPLOYMENT CORRECTION BASIC TRAINING PROGRAM TO BE PROVIDED JOINTLY BY A CRIMINAL JUSTICE PROGRAM OF AN ACCREDITED COLLEGE IN CONJUNCTION WITH A LOCAL LAW ENFORCEMENT ACADEMY. INFORMATION PROVIDED ON THE APPLICATION MUST BE **TYPED OR PRINTED CLEARLY** IN ORDER FOR IT TO BE PROCESSED. LACK OF ANY REQUIRED INFORMATION WILL **STOP** THE APPROVAL PROCESS. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

SECTION I - GENERAL INFORMATION

Pre-employment training shall be presented jointly by a municipality and an accredited college, junior college, or two-year college, that has an active criminal justice, or equivalent, program that has been registered and approved by the Department of Education, located within the State of New York.

Name of School

Enter the name of the school in the blocks provided. List the complete street address of the school (do not enter only a post office box) Email address, and county. Enter the Internet address, business telephone and facsimile numbers, including area code, at the school. A list of approved schools will be published on the DCJS web site.

College Information

PRINT CLEARLY or **TYPE** the required information in the spaces provided concerning the institution. Provide the institution mailing address, the telephone and facsimile numbers, including area code, and where the chief executive officer may be contacted during daytime business hours.

Municipality Information

PRINT CLEARLY or **TYPE** the required information in the spaces provided concerning the municipality (including law enforcement agencies, academies, police academies, or training centers sponsored by municipalities). Provide the institution mailing address, the telephone and facsimile numbers, including area code, and where the chief executive officer (sheriff or academy director) may be contacted during daytime business hours.

Director Information

Enter the director's name, mailing address, Email address, telephone and facsimile number, including area code, and where the director may be contacted during daytime business hours. Provide their social security number.

ALL CORRESPONDENCE WILL BE SENT TO THE DIRECTOR AT THE ADDRESS PROVIDED.

Alternate Director Information (Optional)

Enter the alternate director's name. This staff member is authorized to act on behalf of the school director in their absence.

SECTION II - DESCRIPTION OF FACILITY

Facilities

Briefly describe the classroom and training facility for use in defensive tactics training on the lines provided. Certify that the institution meets the standards established by the Commissioner of Education for instructional resources set forth in §52.2 of Title 8, Chapter II of the Regulations of the Commissioner.

If you are seeking approval for more than one location, the information in Section II must be provided for each proposed training site. This information must include the name of the school, training site, address, county, telephone number and description of facility. Duplicate Section II as needed.

PRE-EMPLOYMENT CORRECTION BASIC TRAINING PROGRAM – SCHOOL APPLICATION

SECTION III - CURRICULUM AND CERTIFIED INSTRUCTORS

Curriculum

Certify that the topics, instructional hours, instructional objectives, and curriculum outline meets or exceeds the standard established pursuant to the rules and regulations codified in Title 9 of the *Official Compilation of Codes, Rules and Regulations of the State of New York* Part 6018 and Part 6019.

Instructors

Certify that each instructor in pre-employment training is certified or approved pursuant to the rules and regulations codified in Title 9 of the *Official Compilation of Codes, Rules and Regulations of the State of New York* Part 6023 and Part 6024. **Certain units of training require that instructors have additional topical experience and/or instructor training.**

Certified instructor(s) must possess a current general topics certificate issued by the State of New York Municipal Police Training Council (MPTC). Schools must maintain a file copy of each certificate.

Approved instructor(s) must possess an instructor approval letter issued by the Division of Criminal Justice Services that details the specific topic(s) the instructor is permitted to teach. Schools must maintain a file copy of each letter.

Complete and submit the Curriculum Content Form with the application.

SECTION IV - SCHOOL POLICY

Policy

Certify that the school has policy that has been established for the administration of the school pursuant to Title 9 of the *Official Compilation of Codes, Rules and Regulations of the State of New York* Part 6019. Submit a copy of the policy with the application.

SECTION V - ATTESTATION

Applicant Signatures

This section must be signed and sworn to by the chief executive officer of both the college, two-year college, or junior college AND the municipality (including law enforcement agencies, academies, police academies, or training centers sponsored by municipalities) before a notary public.

Mailing Instructions

Processing will be facilitated if **all** documentation is submitted as **one** package. **Include** with the application **all** additional sheets for descriptions of training facilities and range locations.

Mail the completed application to:

NYS Division of Criminal Justice Service
Office of Public Safety - Course Approval
Alfred E. Smith State Office Building
80 South Swan Street, 3rd Floor
Albany, NY 12210-8002

After review and approval of this application by DCJS staff, an approval letter will be issued. Approvals will be valid for a period of two years.

If you have any questions regarding the application, call (518) 485-7619 (Select - police or peace officer training course approval) for assistance.

Information provided on the application must be **typed** or **printed clearly** in order for it to be processed. Lack of any required information will **stop** the school approval process.

PRE-EMPLOYMENT CORRECTION TRAINING PROGRAM - SCHOOL APPLICATION

SECTION I - GENERAL INFORMATION

School Information

| | | |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Original Application <input type="checkbox"/> Renewal Application | | |
| School Name | | MPTC Training Zone |
| Address | City, State, Zip | County |
| Email Address | Telephone Number (area code first) | Facsimile Number (area code first) |
| Internet Web Address | | |

College Information

| | | |
|----------------------------|------------------------------------|---|
| Institution Name | CEO/Title | |
| Address | City, State, Zip | County |
| Email Address | Telephone Number (area code first) | Facsimile Number (area code first) |
| Name of Accreditation Body | Current Dates of Accreditation | Date of Dept. of Ed CJ Program Approval |

Municipality Information

| | |
|-------------------|--|
| Municipality Name | CEO/Title |
| Address | City, State, Zip County |
| Email Address | Telephone Number (area code first) Facsimile Number (area code first) |

Director Information

| | |
|---------------|---|
| Director Name | Employer |
| Address | City, State, Zip Address |
| Email Address | Telephone Number (area code first) Email Address |

Alternate Director Information (Optional)

| | |
|---------------|--|
| Director Name | Employer |
| Address | City, State, Zip County |
| Email Address | Telephone Number (area code first) Facsimile Number (area code first) |

PRE-EMPLOYMENT CORRECTION TRAINING PROGRAM - SCHOOL APPLICATION

SECTION II - DESCRIPTION OF FACILITY

Classroom Facilities (check one)

| |
|---|
| <input type="checkbox"/> Briefly describe the classroom(s) including seating accommodations, restroom availability, audio-visual display equipment, and heating and ventilation: |
| |
| |
| |
| <input type="checkbox"/> or the signatories certify that the institution meets the standards established by the Commissioner of Education for instructional resources set forth in § 52.2 of Title 8, Chapter II of the Regulations of the Commissioner |

Physical Training Facilities For Use In Defensive Tactics Training (check one)

| |
|---|
| <input type="checkbox"/> Briefly describe the physical training facilities: |
| |
| |
| |
| <input type="checkbox"/> or the signatories certify that the institution meets the standards established by the Commissioner of Education for instructional resources set forth in § 52.2 of Title 8, Chapter II of the Regulations of the Commissioner |

SECTION III - CURRICULUM and CERTIFIED INSTRUCTORS

Curriculum

Execution of this application certifies that the topics, instructional hours, instructional objectives, and curriculum outline meet or exceed the standards established pursuant to the rules and regulations codified in Title 9 of the *Official Compilation of Codes, Rules and Regulations of the State of New York* Part 6018 and Part 6019. Complete and submit the Curriculum Content Form provided.

Instructors

Execution of this application certifies that each instructor used in pre-employment training is certified or approved pursuant to the rules and regulations codified in Title 9 of the *Official Compilation of Codes, Rules and Regulations of the State of New York* Part 6023 and Part 6024.

SECTION IV - SCHOOL POLICY

Policy

Execution of this application certifies that the school has policies established pursuant to the rules and regulations codified in Title 9 of the *Official Compilation of Codes, Rules and Regulations of the State of New York* Part 6019. Submit a copy of the policy with the application.

PRE-EMPLOYMENT CORRECTION TRAINING PROGRAM - SCHOOL APPLICATION

SECTION V – ATTESTATION

College Chief Executive Officer 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: _____

Execution of this application by the signatories certifies compliance with the policy, procedures, rules, and regulations established by the Division of Criminal Justice Services and the Municipal Police Training Council.

Municipality Executive Officer (sheriff, or academy director) 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: _____

Execution of this application by the signatories certifies compliance with the policy, procedures, rules, and regulations established by the Division of Criminal Justice Services and the Municipal Police Training Council.

DCJS ONLY

Curriculum Meets or Exceeds Regulation Instructors Compliant Policy Compliant Other: _____

Approved by:

Date

Approval Letter Date: