



APPLICATION FOR RENEWAL OF OFFICER INSTRUCTOR CERTIFICATION
PEACE OFFICER STANDARDS AND TRAINING BOARD
PFN7 (08/22)

Name (Last, First, Middle)	Instructor Number		
Department Name	Position/Rank		
Address	City	State	ZIP Code

POST Board approved instructor refresher training programs completed during the past three years.

Course Title	Location	Date

List the areas you are requesting certification to teach and the instructor level training you have received that qualifies you to teach in each area:

NOTE: Please ensure that your department administrator or training officer completes his/her portion.

CERTIFICATION

I certify that the information contained in this application is true and correct to the best of my knowledge.

Instructor Re-certifying Signature	Date
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APPROVAL AND RECOMMENDATION

(must be completed by parent department administrator and/or training officer)

I approve and recommend that the requested certification be awarded. To the best of my knowledge and belief, the applicant possesses the knowledge, ability and desire to provide effective instruction to peace officers.

Agency Administrator Signature	Title	Date
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Training Officer Signature	Title	Date
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Please retain a copy of this form and forward the original to: **POST Board
PO Box 1054
Bismarck ND 58502-1054**