



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
6852 4th STREET • SYKESVILLE, MARYLAND 21784 • www.mdle.net
(410) 875-3400 • FAX (410) 875-3405 • V/TTY (800) 735-2258

ENTRANCE LEVEL PROGRAM APPROVAL APPLICATION

RETURN APPROVAL TO:

Name: _____
 Agency Name: _____
 Agency Number: _____
 Agency Address: _____
 City, State Zip code: _____
 Phone: _____ Fax: _____
 Email address: _____

FOR MPCTC USE ONLY:
 Approved/Disapproved: _____
 Date Reviewed/by: _____
 Approval Number(s): _____

Total Program Hours: _____

The dates below will reflect the start date and completion date that is printed on the Certificates if issued.

Program Start Date: _____ Program End Date: _____ Graduation Date: _____

Academy/Class Title (optional): _____

Is field training included: Yes / No: _____ If yes, specify the number of hours that are exclusively for field training: _____

Police Only if FT is included: FT Program Approval Number: _____ Completion Date: _____

Number of Students enrolled: _____ if students represent agencies other than your own, include the agency on the student roster.

Brief description of program:

If additional space is need, attached separate sheet.

MPCTC regulations require mastery of all training objectives and an overall score of 70% or higher for certification. In addition, anyone instructing for more than three (3) hours must be MPCTC certified or otherwise exempt from certification.

The following documents must be submitted with this application or as soon as available.

- Student Roster (must include names as it appears on diploma and social security number).
- Instructor Roster (name, certification number and indicated Academic, Firearms, DT, EVOC or combination).
- List of Objectives indicating where taught and tested to include Testing Method.

Application submitted by:

 Please TYPE/PRINT Name Title Email Address

 Signature Phone Date