



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
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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): _____

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.
- Schedule of classes with dates and times.

Submit all required items with this form to MPCTC.programapprovals@maryland.gov

Application submitted by:

Please TYPE/PRINT Name

Title

Email Address

Signature

Date