



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
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IN-SERVICE PROGRAM APPROVAL APPLICATION

MPCTC General Regulations 12.04.01.12 and 12.10.01.16

MPCTC USE ONLY

RETURN APPROVAL TO:

Name: _____

Agency Name: _____

Agency Address: _____

City, State Zip code: _____

Phone: _____ Fax: _____

Email address: _____

Approved/Disapproved _____

Date Approved _____

Approval Number _____

E-Learning Program: Yes _____ No _____

Rape/Sex Offenses/Sexual Abuse of Children Program: Yes _____ No _____

Agency Number: _____ Year: _____ Program Hours: _____

Program Title: _____ Program Dates: _____

Program Description:

Program objectives and testing method must be submitted with this application. MPCTC regulations require proctored testing of all approved in-service training programs with a minimum score of 70% and 80% for all E-Learning approved programs. Individual agencies must maintain appropriate documentation.

Instructor Name	Certification # or Last 4 of SS #	Topic of Instruction	Instruction Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that all application information is true and correct:

Agency Head/Designee Signature/Title Email Address

Please TYPE/PRINT Name/Title Signed Above Phone Date

INCOMPLETE SUBMISSIONS MAY BE RETURNED