# Department of Public Safety and Correctional Services

**Police and Correctional Training Commissions**
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(410) 875-3400 • **Email: MPCTC.programapprovals@Maryland.gov**

## GENERAL INSTRUCTOR LIST

**RETURN APPROVAL TO:**

Agency Name: _____

Agency Code: _____

Contact Name: _____

Contact Phone: _____

**Contact Email:** _____

**FOR MPCTC USE ONLY:**

Date: _____

Instructor(s) verified by: _____

| INSTRUCTOR NAME | CERT. NUMBER | DISIPLINE | EXPIRATION DATE |
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I certify that all information provided on this application is true and correct.

Printed Name Signature Email Date