



# Department of Public Safety and Correctional Services

Police and Correctional Training Commissions  
6852 4<sup>th</sup> 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): \_\_\_\_\_

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, attach 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](mailto:MPCTC.programapprovals@maryland.gov)**

### Application submitted by:

_____ Please TYPE/PRINT Name	_____ Title	_____ Email Address
_____ Signature	_____ Phone	_____ Date