



# Department of Public Safety and Correctional Services

Police and Correctional Training Commissions  
6852 4<sup>th</sup> STREET • SYKESVILLE, MARYLAND 21784 • www.mdle.net  
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## IN-SERVICE PROGRAM APPROVAL APPLICATION

MPCTC General Regulations 12.04.01.12 and 12.10.01.16

### 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): \_\_\_\_\_

Approval for (choose one or both)  Police  Corrections

Total Program Hours: \_\_\_\_\_

Program Title: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

### Please check all that apply to this program:

- Rape/Sex Offenses Sexual/Abuse of Children
- Life Saving Techniques including CPR
- Identity Fraud and Related Crimes
- Course/Conference/Seminar (one year approval vs three)
- E-Learning
- Crimes and Delinquent Acts
- Victims' Rights under MD Law
- Field Training
- Human Trafficking

Brief Program Description (list objectives, instructors and test method on a separate sheet):

**Program Objectives, List of Instructors (to include Name, Certification Number, Topic and Hours of Instruction) 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.**

Submit all required information with this form to: [mpctc.programapprovals@maryland.gov](mailto:mpctc.programapprovals@maryland.gov)

I certify that all application information is true and correct:

\_\_\_\_\_  
Please TYPE/PRINT Name Title Email Address

\_\_\_\_\_  
Agency Head/Designee Signature Phone Date

**INCOMPLETE SUBMISSIONS MAY BE RETURNED**