



Maryland Police & Correctional Training Commissions

6852 4th Street, Sykesville, MD 21784 • (410) 875-3400 • Email to: MPCTC.Certifications@maryland.gov

APPLICATION FOR SG TRAINING PROVIDER OR PROGRAM APPROVAL

Please Type or Print clearly

Applicants Last Name:		MI:		First Name:	
Company/Agency Name:				Agency Code:	
Address:				Telephone:	
Contact:				Email:	

THIS APPLICATION IS FOR (check ALL that apply; then complete the section(s) indicated):

Security Guard Initial Training Program (ITP) A

Security Guard In-Service Training Program (ISTP) B

Security Guard Authorized Training Provider Instructor C, D Renewal

FOR MPCTC USE ONLY

ITP/ISTP Approval Number: _____

Date Reviewed/Amended: _____

Authorized Trainer Approved/Denied: _____

Date Reviewed/Amended: _____

Program Approval entered (date): _____

Reviewed by: _____

SECTION A – SG Initial Training Program (ITP)

Program Title: _____ Program Date(s): _____

Total Program Hours: _____ (min. 12 hours)

The following documents **must be submitted** with this application.

- Brief Description of the program
- Training Location
- Authorized Training Provider (name, provider number).

- List of Objectives indicating where taught and tested to include Testing Method.
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SECTION B – SG In-Service Training Program (ISTP)

Program Title: _____ Program Date(s): _____

Total Program Hours: _____ (up to 8 hours)

The following documents **must be submitted** with this application.

- Brief Description of the program
- Training Location
- Authorized Training Provider (name, provider number).

- List of Objectives indicating where taught and tested to include testing method.
- Special Certifications if applicable (i.e. CPR Cards, etc.).

If courses are longer than 3 hours than the instructor must be an Authorized Training Provider.

SECTION C – AGE REQUIREMENT:

Applicant is at least 21 years of age.

Date of Birth: _____
Month Day Year

SECTION D – AUTHORIZED TRAINER REQUIREMENTS

Previous SPO Authorized Trainer or MPCTC Certified Instructor Certification Number Required _____
Or

Prior Police, Military or Security Guard Experience of (5) Years. List Agency/Branch and dates of service.

_____ Or

Completed a Basic or Enhanced Academic Instructor Training Course Approved or Recognized by MPCTC within (4) years

Conducted by (Agency): _____ MPCTC Course Approval #: _____ Date: _____

SUBMISSION ENDORSEMENTS

The information provided in this application for Authorized Trainer/Training is true to the best of my knowledge and is supported by documents maintained by this company/agency. The applicant named herein is in full compliance with the requirements of the Maryland State Police and Public Safety Article as they pertain to their positions and responsibilities as an SG Authorized Trainer/Provider. It is the company's/agency's responsibility to maintain all supporting documentation for audit purposes.

Training Provider Applicant's Signature	Date	e-mail address
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Company/Agency Representative Name and Title (printed)	Telephone #	e-mail address
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Company/Agency Representative Signature	Date
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Submit application and supporting documentation (if required) to:

Maryland Police and Correctional Training Commissions
Certification Unit
6852 4th Street
Sykesville, Maryland, 21784
Email to: MPCTC.certifications@maryland.gov