



University of Texas System Police

DP64: Instructor Bio

LAST NAME		FIRST NAME		TCOLE PID	
DATE		TCOLE CERTIFICATE LEVEL			
		<input type="checkbox"/> License <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Master <input type="checkbox"/> Telecommunicator			
WORK CONTACT PHONE		EMAIL			
TCOLE Instructor Certified		<input type="checkbox"/> Yes No		Instructor Level	
				Basic Adv. SME	
UT Component					
Instructor Proficiencies/Certifications					
	Firearms			Investigations	
	Firearms Instructor			Arson Investigation Instructor	
	Tactical Weapons Instructor			Cybercrime Investigator Instructor	
	Less Lethal			Investigative Hypnosis Instructor	
	OC Spray Instructor			SAFVIC Instructor	
	Baton Instructor			Traffic Investigation Instructor	
	TASER Instructor			Other	
	Medical/First Aid			Active Shooter Training for Public Schools and Institutions of Higher Education Instructor	
	SABA/IFAK Instructor			ALERRT Instructor	
	CPR/First Aid Instructor			Civil Process Instructor	
	TCCC Instructor			Crime Prevention Instructor	
	Mental Health/Crisis Intervention			Defensive Tactics Instructor	
	Mental Health Officer Instructor			EVOC Instructor	
	Crisis Intervention Techniques Instructor			K9 Instructor	
	Telecommunications			School-Based Law Enforcement Instructor	
	TLETS Associate Trainer			SFST Instructor	
				Spanish Instructor	
Higher Education Degree		College Credit Associates Bachelor Master Other:			

Subject Matter Expertise: What courses and/or training have you taken that qualifies you to teach this specific course? Include dates taken or when certified. Use additional space if needed.

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What course do you plan to instruct for UT System Police?

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As the instructor submitting this document and all necessary attachments, I am certifying, subject to criminal penalty, that the contents of this official government document are true and correct.

Instructor Signature	Date
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As the training coordinator, I am certifying, subject to criminal penalty, that this official government document and required attachments have been reviewed for compliance with TCOLE rules and that the instructor meets the qualification to teach the designated course(s).

Training Coordinator Signature	
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Additional Space, if needed

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