 University of Texas System Police

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| **Last Name:** | | | **First Name:** | | | | | | **TCOLE PID:** |
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| **Rank:** | | | **TCOLE Certificate Level:**  License  Basic  Advanced  Master | | | | | | |
| **Work Contact Phone:** ( ) - | | | | | **Email**: | | | | |
| **TCOLE Instructor Certified:** | | Yes  No | | | | **Instructor Level:** | | Basic  Advanced | |
| **Certifications:** | | | | | | | | | |
| Firearm Instructor  Taser Instructor (model #: \_\_\_\_\_\_\_\_\_\_\_\_)  OC Spray Less-lethal Instructor  Baton Instructor ( )  Defensive Tactics Instructor  Tactical weapon Instructor ( )  ALERRT Instructor  Basic First Aid Instructor  SABA/IFAK Medic Instructor  Crisis Intervention Instructor  Citizen Interaction Instructor  Mental Health Peace Officer Instructor  Cultural Diversity Instructor  SFST Instructor (expires: \_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | Spanish Instructor  SAFVIC Instructor  K9 Handler Instructor  Mobile Video Instructor  Arson Instructor  EVOC Instructor  Traffic Investigation Instructor  Ethics Instructor  Computer Crimes Instructor  9-1-1 Instructor  Telecommunication Instructor  TDD/TTY Instructor  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **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 course? Include dates taken/certified.** | | | | | | | | | |
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| **What courses 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 and date:** | | | |  | | | | | |
| **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 instruct meets the qualifications to teach the designated course(s).** | | | | | | | | | |
| **Training Coordinator signature:** | | | |  | | | | | |

Instructor Bio