



Arizona Peace Officer Standards and Training Board

MASTER INSTRUCTOR (MI) APPLICATION

To the MI Applicants: Choose from the drop-down list **or** write in the MI functional area for which you are applying:

MI FUNCTIONAL AREA	IF NOT LISTED, ENTER HERE
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Successful applicants shall be required to possess and maintain a level of expertise in their appointed functional area such that they are able to advise AZPOST staff and counsel and provide testimony if required. A minimum of **two years** must have elapsed from the time the applicant completed the instructor course, with the exception of First Aid, until submission of application for the MI status being sought. A separate MI Application must be submitted for each functional area being sought. The applicant must have the endorsement of his/her agency head (academy commander if being nominated to represent an academy) or appropriate designee. Please complete all blocks with the desired information. Use "N/A" if appropriate. Submit completed applications to AZPOST, along with a recent resume. The applicant will be notified in writing of his/her status.

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	MI	RANK	LAST 4 SSN
AGENCY / ACADEMY		CONTACT NUMBER		EMAIL ADDRESS
ADDRESS		CITY		STATE ZIP CODE
MAILING ADDRESS (if different)		CITY		STATE ZIP CODE

Basic Instructor Designations Held and dates attained (check all that apply)			
<input type="checkbox"/> AZPOST Defensive Tactics Instructor <input type="checkbox"/> AZPOST General Instructor <input type="checkbox"/> AZPOST Firearms Instructor <input type="checkbox"/> AZPOST Physical Fitness Instructor <input type="checkbox"/> AZPOST Tactical Driver Instructor <input type="checkbox"/> AZPOST High Risk Vehicle Stop Instructor	DATE	AZPOST Use	List all other relevant instructor designations. NOTE: Please specify certifying organization and date received. i.e., American Heart Association CPR Instructor. Please list non-instructor schools and trainings in resume.

APPLICANT ACKNOWLEDGEMENT

I am applying for the AZPOST Master Instructor status for the topic listed above. I understand if this application is accepted, it may be necessary to complete additional steps prior to becoming a Master Instructor. I further acknowledge if I am awarded AZPOST Master Instructor status, I must instruct in an AZPOST course in the same functional area at minimum of once every year in order to maintain MI status. If appointed, I understand I may be obligated to participate, plan, assist, and instruct in future seminars workshops and AZPOST instructor schools as may be appropriate. At minimum, I shall be required to maintain the level of expertise required to provide to the AZPOST Board recommendations which promote integrity, validity and effectiveness to the POST standards and training programs, free from personal biases and opinions. I shall not knowingly place myself in a position adverse to AZPOST, notwithstanding curriculum development processes. AZPOST may also discontinue my MI status without cause as necessary for the betterment of the program.

SIGNATURE	DATE
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AGENCY / ACADEMY ENDORSEMENT

As the agency head/academy director of this designee, I certify that the applicant has requested and been granted permission to apply to be an AZPOST Master Instructor. I understand that if selected and approved, the applicant will be required to maintain MI status as designated by AZPOST, and assist with instructing courses in the functional area, with due regard to agency needs and impact. This individual is recommended as someone capable of functioning in the capacity of a Master Instructor.

NAME (type or print)	TITLE	SIGNATURE	DATE
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AZPOST USE ONLY

TRAINING MANAGER SIGNATURE		STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Denied		DATE
DATE RECEIVED BY AZPOST and INITIALS	1 ST SHADOW	2 ND SHADOW	DATE OF FINAL ACTION	ASSC ENTRY DATE/BY:
AZPOST STAFF ASSIGNED and DATE			APPLICANT FINAL NOTIFICATION DATE/BY	MASTER INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION

- Your Resume**, which should include the following:
 - Name
 - Address
 - Personal Information (rank)
 - Hire Date
 - Years of Service
 - Previous Law Enforcement Service
 - Education
 - Certifications
 - Instructor Certifications
 - Instructor Experience - Number of classes, students, and hours of instruction

- Letters of Reference** from Master Instructors in the same discipline you are requesting