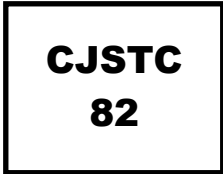




Florida Department of Law Enforcement

# INSTRUCTOR EXEMPTION

Incorporated by Reference in Rules 11B-20.001(4) and 11B-35.001(10)(d)8., F.A.C.



Please type or print in black or blue ink.

Instructor's name: \_\_\_\_\_

Instructor's Address: \_\_\_\_\_

Instructor's Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Training School's Name: \_\_\_\_\_

Class taught: \_\_\_\_\_

Date(s) of Class: \_\_\_\_\_

1. Pursuant to Rule 11B-20.001(4), F.A.C., the training center director shall exempt an individual from General Instructor Certification who has a professional or technical certification or experience in the specified subject matter to be instructed. The training center director shall document the individual's qualifications by completing the Instructor Exemption form CJSTC-82, which shall be maintained in the course file at the training school.
2. Notwithstanding the above exemptions, an individual who has had any Commission certification revoked, or who has voluntarily relinquished any Commission certification, or who has had any Commission certification suspended, or who is in violation of Section 943.13(4), F.S., or who has been determined guilty of any of the offenses set forth in Rule 11B-20.0012(2)(a) – (f), F.A.C., shall not instruct Commission-approved basic recruit training program courses, or advanced training and specialized training program courses.
3. The training center director or designee shall verify the instructor's education, training, experience, or work experience, and/or employment that qualify him or her to be exempt from CJSTC instructor certification and shall complete this form. If a resume' or curriculum vitae are provided, indicate "attached" in the spaces provided on this form.

Attach the appropriate certifications, professional licenses, and diplomas. All supporting documentation and form CJSTC-82 shall be maintained in the course or instructor's file at the training school.

## EDUCATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TRAINING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXPERIENCE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Training Center Director or Designee's Signature

Date