Florida Department of Law Enforcement

INSTRUCTOR CERTIFICATION DEFICIENCY NOTIFICATION

Incorporated by Reference in Rule 11B-20.0016(2), F.A.C.

CJSTC 271

Applicant's Name: _____

Enter Last Four Digits of Applicant's Social Security Number: _____

Applicant's home address: _____

Applicant's phone number: _____ **Applicant's Cell Phone/Pager number:** _____

Pursuant to Chapter 943.13 and Chapter 120 of Florida Statutes, an inspection was conducted of your application for instructor certification file by Field Services staff of the Criminal Justice Standards and Training Commission (CJSTC). Your application was found to be deficient in the following areas:

☐ No documentation of successful completion of Instructor Techniques course or equivalent.	☐ No documentation of successful completion of the approved instructor course for the specialized or high liability topics of instruction.	☐ No copy of a valid breath test operator and valid agency inspector permit at the time of application.
☐ No documentation of serving an internship (documented on the Instructor Competency Checklist form CJSTC-81).	☐ Did not complete the instructor course within four years of the date of application.	☐ The applicant did not complete, sign, and date the Instructor Certification Application form CJSTC-71.
☐ No documentation of related experience in the topic for which certification is sought.	☐ No copies of high-liability or specialized proficiency forms.	☐ The training center director, agency administrator, or designee did not sign and date the Instructor Certification Application form CJSTC-71.
☐ No documentation of successful completion of Human Diversity requirements.	☐ Instructor Competency Checklist form CJSTC-81 is incomplete.	☐ Other _____
☐ No documentation of required professional licenses or certifications.	☐ No documentation of successful completion of a Commission-approved Breath Test Instructor Certification Course.	

The following categories are approved for instructor certification pursuant to Rule 11B-20.0013, F.A.C.:

☐ General	☐ First Aid	☐ Speed Measurement
☐ Defensive Tactics	☐ Canine Team	☐ Criminal Justice Diving
☐ Firearms	☐ Breath Test	
☐ Vehicle Operations	☐ Breath Test-Intoxilyzer 9000	

Deficiency Comments: _____

_____

_____

_____

A copy of this notice has been provided to the administrator or designee at: _____

Training school or Agency

_____ _____

Training Center Director, Administrator, or Designee's Signature **Training Center Director, Administrator or Designee's Printed Name**

_____ _____

FDLE Field Specialist's Signature **Date Signed**

TRAINING SCHOOL OR EMPLOYING AGENCY REQUIREMENTS FOR INSTRUCTOR CERTIFICATION

1. The documentation noted above shall be received by the Florida Department of Law Enforcement within 90 calendar days of the above date. Failure to meet all requirements will result in denial of your application for instructor certification.
2. **The applicant, agency, or training school shall submit or fax this form with all required documentation attached:** Florida Department of Law Enforcement, Criminal Justice Professionalism Program, Post Office Box 1489, Tallahassee, Florida 32302-1489. Fax Number: 850-410-8605.

The applicant shall check the box and sign this form if withdrawing the application.

☐ **I withdraw my application for instructor certification due to my inability to comply with statutory requirements.**

_____ _____ _____

Applicant's Signature **Applicant's Printed Name** **Date**