



CSSO REFRESHER TRAINING PAGE



Effective Date 12-2016

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

NAME OF SCHOOL OR COMPANY _____ CMPY _____

NAME _____ Last First MI

Employee Credential Number

SS#: _____ - _____ - _____ DOB: _____

THE FIREARMS PORTION OF PHASE II AND III MUST BE CONDUCTED BY A CERTIFIED FIREARMS TRAINING INSTRUCTOR.

*** Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page***

PHASE III - Training Requirements for CSSO

*Must consist of twenty four (24) hours minimum (Rule 10.13).

Firing Range / Safety Course

*Must comprise of twelve (12) hours of the twenty four (24) hours required (Rule 10.13). []

ALERT - Active Shooter Refresher or Approved Equivalent (Rule 10.5)

*Must comprise of four (4) hours of the twenty four (24) hours required (Rule 10.13). []

Simulated Live-Fire Weapon Training

*Must comprise of eight (8) hours of the twenty four (24) hours required (Rule 10.13). []

DATE TRAINING COMPLETED [] _____

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____

Print: _____

Credential Number: _____

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

Sign: _____

Print: _____

Credential Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

SUBJECT TAUGHT: _____

Print: _____

Address: _____

DOB: _____ Phone Number: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

SUBJECT TAUGHT: _____

Print: _____

Address: _____

DOB: _____ Phone Number: _____

**If more than two guest instructors, please attach the ASP Supplemental Instructor Training Page. **

*** Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page***

The applicant by completing this form, affirms that he/she has successfully completed the training as required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules.

Signature of Applicant: _____

Guest instructors can be utilized to teach training requirements under the guidance and supervision of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.