



Institution of Instruction- IOI
CSSO REFRESHER TRAINING PAGE



Effective Date
1-2019

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 Last First MI

SS#: - - DOB: - - - -

Employee Credential Number

NAME OF IOI IOI

CURRENT AND ACTIVE CERTIFIED LAW ENFORCEMENT OFFICER? Yes No

(CERTIFIED LAW ENFORCEMENT OFFICERS ARE EXEMPT FROM THE TRAINING REQUIREMENTS. THE OFFICER MUST BE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER. (SEE RULE 10.6)

(PLEASE ATTACH A COPY OF YOUR LAW ENFORCEMENT CERTIFICATION AND A LETTER FROM THE LAW ENFORCEMENT AGENCY THAT YOU ARE CURRENTLY EMPLOYED WITH THAT STATES YOU ARE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER.)

(If checked, a signature of the Superintendent is required)

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).

checkbox

ALERRT - 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).

checkbox

Simulated Live-Fire Weapon Training

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

checkbox

DATE TRAINING COMPLETED

checkbox

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.