



Institution of Instruction- IOI CSO 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

Employee Credential
Number

SS#: _____ - _____ - _____ DOB: _____

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 TA or ATA 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 II – Training Requirements for Renewal of CSO and CSSO

**Must consist of twelve (12) hours minimum. Refresher training shall include firing range qualification on an ALETA qualification course and a safety course (Rule 10.13).*

- Use of Deadly Force and Arkansas Law Familiarity with Act 393
- Weapons and Safety
- Live Fire Training, Marksmanship and Qualifications
- Pistol Qualification Course
- Rifles or Shotgun Qualification Course
- 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.