



**Institution of Instruction- IOI
CSO REFRESHER TRAINING PAGE**



Effective Date
1-7-2019

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 COMPANY _____ CMPY _____

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 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 – Refresher Training Requirements for CSO

****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
- Weapons and Safety
- Live Fire Training, Marksmanship and Qualifications
- Pistol Qualification Course
- Rifles or Shotgun Qualification Course
- Primary Weapon Caliber _____
- Primary Weapon Make _____
- Primary Weapon Model _____
- Rifles or Shotgun Qualification Course
- Weapon Caliber _____
- Weapon Make _____
- Weapon Model _____
- DATE TRAINING COMPLETED** _____
- Familiarity with Act 393
- Secondary Weapon Caliber _____
- Secondary Weapon Make _____
- Secondary Weapon Model _____

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: _____

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

SUBJECT TAUGHT: _____

Print: _____

Address: _____

DOB: _____ Phone 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: _____

*****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.