



### Institution of Instruction- IOI CSSO RENEWAL TRAINING PAGE



**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: \_\_\_\_\_

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)

PHASE I MAY BE CONDUCTED BY A TRAINING ADMINISTRATOR (TA), ASSISTANT TRAINING ADMINISTRATOR (ATA), TRAINING INSTRUCTOR (TI), OR GUEST INSTRUCTOR.

*\*Renewal training must consist of twenty four (24) hours minimum. The training shall include, but not limited to, the subjects found in Phase I, Phase II and Phase II. Renewal training shall include firing range qualification on an ALETA qualification course and a safety course (Rule 10.12).*

#### **PHASE I – Training Requirements for PSO, CSO and CSSO**

- Legal Authority  Familiarity with Act 393
- Field Note Taking and Report Writing
- 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. \*\***

**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.**

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 CSO and CSSO**

Use of Deadly Force and Arkansas Law	<input type="checkbox"/>	Familiarity with Act 393	<input type="checkbox"/>
Weapons and Safety	<input type="checkbox"/>		
Live Fire Training, Marksmanship and Qualifications	<input type="checkbox"/>		
Pistol Qualification Course	<input type="checkbox"/>		
Primary Weapon Caliber	<input type="checkbox"/> _____	Secondary Weapon Caliber	<input type="checkbox"/> _____
Primary Weapon Make	<input type="checkbox"/> _____	Secondary Weapon Make	<input type="checkbox"/> _____
Primary Weapon Model	<input type="checkbox"/> _____	Secondary Weapon Model	<input type="checkbox"/> _____
Rifles or Shotgun Qualification Course	<input type="checkbox"/>		
Weapon Caliber	<input type="checkbox"/> _____		
Weapon Make	<input type="checkbox"/> _____		
Weapon Model	<input type="checkbox"/> _____		
<b><u>DATE TRAINING COMPLETED</u></b>	<input type="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. \*\****

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**PHASE III – Training Requirements for CSSO**

- Familiarity with Act 393
- Legal Limitation (Use of Firearms/Powers and Authority of CSSO)
- Active Shooter Training or Approved Equivalent
- Active Shooter Simulations and Live-Fire Range Practice
- Trauma Care / CPR Certification
- Defensive Tactics
- Weapon Retention
- DATE TRAINING COMPLETED**

\_\_\_\_\_  
**CPR Certification Expiration Date**

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:**

**TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:**

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Credential Number: \_\_\_\_\_

Credential Number: \_\_\_\_\_

**GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:**

**GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:**

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

SUBJECT TAUGHT: \_\_\_\_\_

SUBJECT TAUGHT: \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

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