



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 _____
Last First MI

For Office Use Only:
Employee Credential Number

SS#: _____ - _____ - _____ DOB: _____

NAME OF IOI _____ IOI _____

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:

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. *****

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"/> _____		
<u>DATE TRAINING COMPLETED</u>	<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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