



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



Effective Date  
12-2016

**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 \_\_\_\_\_

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 twelve (12) hours minimum. The training shall include, but not limited to, the subjects found in Phase I and Phase II. Renewal training shall include firing range qualification on an ALETA qualification course and a safety course (Rule 10.11).*

**PHASE I – Training Requirements for Renewal of 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: \_\_\_\_\_  
Print: \_\_\_\_\_  
Credential Number: \_\_\_\_\_

Sign: \_\_\_\_\_  
Print: \_\_\_\_\_  
Credential Number: \_\_\_\_\_

**GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:**

**GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:**

Sign: \_\_\_\_\_  
SUBJECT TAUGHT: \_\_\_\_\_  
Print: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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 Renewal of 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:**

**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 one guest instructor, 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.**