



**PSO 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 OF COMPANY \_\_\_\_\_ CMPY \_\_\_\_\_

NAME \_\_\_\_\_  
Last First MI

Employee Credential Number

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

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)

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

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

*\*Must consist of six (6) hours minimum (Rule 10.10).*

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.

**\*\*If more than two guest instructors, please attach the ASP Supplemental Instructor Training Page. \*\***

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

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.**