State of California

INSTRUCTOR DEVELOPMENT COURSE APPLICATION

Board of State and Community Corrections
Standards and Training for Corrections
2590 Venture Oaks Way
Sacramento, CA 95833

To apply, complete and sign this form and obtain your agency administrator's approval. Please mail this application to the Standards and Training for Corrections Division, Attention Mary Wakefield. All applications will be acknowledged. Applications accepted for participation will receive confirmation and additional information about the training course.

SECTION 1: APPLICANT INFORMATION

1. NAME (Last, First, Middle)	2. CLASSIFICATION/JOB TITLE
3. AGENCY NAME	4. YEARS IN POSITION
5. APPLICANT'S WORK ADDRESS	

6. CONTACT NUMBER ( ) EXT.	8. TYPE OF AGENCY ☐ Probation Department ☐ Sheriff's Department ☐ Police Department ☐ CCF ☐ County DOC	9. Is one of your responsibilities staff training? ☐ Yes ☐ No If yes, (check appropriate box) ☐ In-house training ☐ Conference ☐ Core Courses ☐ Other
7. E-MAIL ADDRESS		

SECTION 2: TRAINING MANAGER AND AGENCY INFORMATION

10. TRAINING MANAGER (Full Name)	11. CLASSIFICATION/JOB TITLE	
12. TRAINING MANAGER'S CONTACT NUMBER ( ) EXT.	13. EMAIL ADDRESS	
14. TRAINING MANAGER'S WORK ADDRESS	15. CITY	16. ZIP
17. AGENCY ADMINISTRATOR (Full Name)		
18. HEADQUARTERS ADDRESS (If different than above)	19. CITY	20. ZIP

SECTION 3: APPLICANT COMMITMENT

I will abide by the following condition for attending the Instructor Development Course (IDC):

☐ I agree to take part in all learning activities through active class participation.

Please write the date and location of the class in which you plan to attend:

21. SIGNATURE OF APPLICANT (In Full)	22. DATE

SECTION 4: AGENCY ADMINISTRATOR APPROVAL

☐ I understand that my endorsement of the above-named applicant to attend the Instructor Development Course required the applicant to make a commitment of time and effort as described above.

"Administrator" means the top levels of administration of a department and includes the following types of positions:

(1) County Sheriff
(2) Undersheriff/Assistant Sheriff
(3) Chief Deputy of Commander
(4) County Probation Officer
(5) Assistant County Probation Office
(6) County Director of Corrections
(7) Assistant Director of Corrections
(8) Chief of Police
(9) Assistant Chief of Police
(10) Warden/Director of CCF

23. SIGNATURE OF AGENCY ADMINISTRATOR (In Full)	24. DATE