



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
6852 4th STREET • SYKESVILLE, MARYLAND 21784 • www.mdle.net
(410) 875-3400 • V/TTY (800) 735-2258

ENTRANCE LEVEL PROGRAM APPROVAL APPLICATION

RETURN APPROVAL TO:

Name: _____
 Agency Name: _____
 Agency Number: _____
 Phone: _____
 Email address: _____

FOR MPCTC USE ONLY:

Approved/Disapproved: _____
 Date Reviewed/by: _____
 Approval Number(s): _____

Total Program Hours (Excluding Firearms): _____

The dates below will reflect the start date and completion date that is printed on the Certificates if issued and this program approval should be sent 30 days prior to academy start date.

Program Start Date: _____ Program End Date: _____ Graduation Date: _____

Academy/Class Title (required): _____

Number of Students enrolled: _____ if students represent agencies other than your own, include their agency on the student roster.

Brief description of program:

If additional space is needed please attach a separate sheet.

MPCTC regulations require mastery of all training objectives and an overall score of 70% or higher for credit.

The following documents **must be submitted** with this application or as soon as available.

- Student Roster (if certification number is unknown please provide social security number)
- Instructor Roster (name, certification number and type i.e. (Academic, Firearms, DT, EVOC etc.)
Anyone instructing for more than three (3) hours must be MPCTC certified or otherwise exempt.
- List of Objectives indicating where taught and tested to include Testing Method, must be notated in schedule.
- Schedule of classes with dates and times, including objectives.

Return all to MPCTC.programapprovals@maryland.gov. The check box below acknowledges that all required objectives have been included in this program as required by the Maryland Police and Correctional Training Commissions.

Printed Name _____ Contact Telephone Number _____ Email Address _____

Signature _____

Date _____