





Maryland Traffic Safety Specialist Program TSS-Level I Enrollment Form

Officer's Information
Officer First Name: Click here to enter text.
Officer Last Name: Click here to enter text.
Certification No: Click here to enter text.
Agency Name: Click here to enter text.
Officer Phone: Click here to enter text.
Officer Email: Click here to enter text.
Today's Date: Click here to enter text.

Please complete this form and:

Print out and fax to:

TSS Administrator
Attn: Jeanne Chenoweth
(410) 875-3584 (FAX)

Or mail to:

TSS Administrator
C/o Jeanne Chenoweth
Maryland Police and Correctional Training Commissions
6852 4th Street
Sykesville, MD 21784

Within 3 working days of receipt, you will receive a confirmation e-mail complete with all necessary information and forms.



TSS Level I Submission Form
Category 1:
Independent Patrol/Traffic Experience

Documentation of 2 or more years of Independent Patrol/Traffic Experience

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Print out form and sign.
3. Have Supervisor review and sign.
4. FAX completed form to TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584
5. Retain copy for your records.

Experience Completion Date:

(Month-Day-Yr): [Click here to enter text.](#)

Note: If you do not know the exact completion date, you may estimate it.

Number of Years: [Click here to enter text.:](#)

Officer's First and Last Name: [Click here to enter text.](#)

Certification No: [Click here to enter text.](#)

Officer Phone: (only if changed since program enrollment) [Click here to enter text.](#)

Officer Email: (only if changed since program enrollment) [Click here to enter text.](#)

Agency: (only if changed since program enrollment) [Click here to enter text.](#)

I certify that I have successfully completed the above referenced Experience Level on or around the date stated above.

Officer's Signature:

Today's Date (Mo/Day/Year):

Officer's Agency: (only if it has changed since program enrollment)

Supervisor Verification

(Signature Required Below):

I certify that the above information is accurate.

Supervisor Name and Rank:

Supervisor Phone:

Supervisor Email:

Supervisor's Signature:

Supervisor's Signature Date:



TSS Level I Submission Form
Category 2:
Speed Detection Device Certification

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Print out form and sign.
3. Have Supervisor review and sign.
4. FAX completed form to the TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584.
5. Retain original copy for your records.

Officer Information

Officer First and Last Name:

Certification No:

Officer Phone: (only if changed since program enrollment)

Officer's E-Mail: (only if changed since program enrollment)

Agency: (only if changed since program enrollment)

I am currently certified in Speed Detection Device operation and have included a copy of the certificate or card with this application.

Officer's Signature:

Today's date:

Supervisor Verification

Supervisor Name and Rank:

Supervisor's E-mail:

Supervisor's Signature:

Supervisor's Signature Date:



TSS Level I Submission Form
Category 3:
Standardized Field Sobriety Testing Certification

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Print out form and sign.
3. Have Supervisor review and sign.
4. FAX completed form to the TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584.
5. Retain original copy for your records.

Officer Information

Officer First and Last Name:

Certification No:

Officer Phone:(only if changed since program enrollment)

Officer's E-Mail:(only if changed since program enrollment)

Officer's Agency:(only if changed since program enrollment)

I am currently certified in Standardized Field Sobriety Testing and have included a copy of the certificate/card with this application.

Officer's Signature:

Today's date:

Supervisor Verification

Supervisor Name and Rank (please print):

Supervisor's E-mail:

Supervisor's Signature:

Supervisor's Signature Date:



TSS Level I Submission Form

Category 4-A: TSS Elective Courses

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Courses from TSS Course List must include course number.
3. Print out form and sign.
4. Have Supervisor review and sign.
5. FAX completed form to the TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584.
6. Retain original copy for your records.

Course Information

Course Name:

Course Hours:

Course No:

Course Completion Date (Mo-Day-Yr):

(note: if you do not know the exact completion date, you may estimate the date)

Providing Agency: (only if course is not listed on TSS Course list):

Points Credit:

8-15 hrs=1 pt	16-23 hrs= 2 pts	24-31 hrs= 3 pts	80-87 hrs= 10pts
32-39 pts= 4 pts	40-47 hrs=5 pts	48-55 pts= 6 pts	88 and above= 1 pt
56=63 hrs= 7 pts	64-71 hrs= 8 pts	72-79 hrs= 9 pts	for each 8 hrs. class

Officer Information

Officer First and Last Name (Please Print):

Certification No:

Officer Phone: (only if changed since program enrollment)

Officer's E-Mail: (only if changed since program enrollment)

I certify that I have successfully completed the above referenced course on or about the Course Completion Date stated above.

Officer's Signature:

Today's date:

Officer's Agency: (only if it has changed since program enrollment)

Supervisor Verification

I certify that the Officer referenced above has completed the above stated course

Supervisor Name and Rank (please print):

Supervisor's E-mail:

Supervisor's Signature:

Supervisor's Signature Date:



TSS Level I Submission Form

Category 4-A: TSS Elective Courses

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Courses from TSS Course List must include course number.
3. Print out form and sign.
4. Have Supervisor review and sign.
5. FAX completed form to the TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584.
6. Retain original copy for your records.

Course Information

Course Name:

Course Hours:

Course No:

Course Completion Date (Mo-Day-Yr):

(note: if you do not know the exact completion date, you may estimate the date)

Providing Agency: (only if course is not listed on TSS Course list):

Points Credit:

8-15 hrs=1 pt	16-23 hrs= 2 pts	24-31 hrs= 3 pts	80-87 hrs= 10pts
32-39 pts= 4 pts	40-47 hrs=5 pts	48-55 pts= 6 pts	88 and above= 1 pt
56=63 hrs= 7 pts	64-71 hrs= 8 pts	72-79 hrs= 9 pts	for each 8 hrs. class

Officer Information

Officer First and Last Name (Please Print):

Certification No:

Officer Phone: (only if changed since program enrollment)

Officer's E-Mail: (only if changed since program enrollment)

I certify that I have successfully completed the above referenced course on or about the Course Completion Date stated above.

Officer's Signature:

Today's date:

Officer's Agency: (only if it has changed since program enrollment)

Supervisor Verification

I certify that the Officer referenced above has completed the above stated course

Supervisor Name and Rank (please print):

Supervisor's E-mail:

Supervisor's Signature:

Supervisor's Signature Date:



TSS Level I Submission Form

Category 4-A: TSS Elective Courses

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Courses from TSS Course List must include course number.
3. Print out form and sign.
4. Have Supervisor review and sign.
5. FAX completed form to the TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584.
6. Retain original copy for your records.

Course Information

Course Name:

Course Hours:

Course No:

Course Completion Date (Mo-Day-Yr):

(note: if you do not know the exact completion date, you may estimate the date)

Providing Agency: (only if course is not listed on TSS Course list):

Points Credit:

8-15 hrs=1 pt	16-23 hrs= 2 pts	24-31 hrs= 3 pts	80-87 hrs= 10pts
32-39 pts= 4 pts	40-47 hrs=5 pts	48-55 pts= 6 pts	88 and above= 1 pt
56=63 hrs= 7 pts	64-71 hrs= 8 pts	72-79 hrs= 9 pts	for each 8 hrs. class

Officer Information

Officer First and Last Name (Please Print):

Certification No:

Officer Phone: (only if changed since program enrollment)

Officer's E-Mail: (only if changed since program enrollment)

I certify that I have successfully completed the above referenced course on or about the Course Completion Date stated above.

Officer's Signature:

Today's date:

Officer's Agency: (only if it has changed since program enrollment)

Supervisor Verification

I certify that the Officer referenced above has completed the above stated course

Supervisor Name and Rank (please print):

Supervisor's E-mail:

Supervisor's Signature:

Supervisor's Signature Date:



TSS Level I Submission Form

Category 4-A: TSS Elective Courses

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Courses from TSS Course List must include course number.
3. Print out form and sign.
4. Have Supervisor review and sign.
5. FAX completed form to the TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584.
6. Retain original copy for your records.

Course Information

Course Name:

Course Hours:

Course No:

Course Completion Date (Mo-Day-Yr):

(note: if you do not know the exact completion date, you may estimate the date)

Providing Agency: (only if course is not listed on TSS Course list):

Points Credit:

8-15 hrs=1 pt	16-23 hrs= 2 pts	24-31 hrs= 3 pts	80-87 hrs= 10pts
32-39 pts= 4 pts	40-47 hrs=5 pts	48-55 pts= 6 pts	88 and above= 1 pt
56=63 hrs= 7 pts	64-71 hrs= 8 pts	72-79 hrs= 9 pts	for each 8 hrs. class

Officer Information

Officer First and Last Name (Please Print):

Certification No:

Officer Phone: (only if changed since program enrollment)

Officer's E-Mail: (only if changed since program enrollment)

I certify that I have successfully completed the above referenced course on or about the Course Completion Date stated above.

Officer's Signature:

Today's date:

Officer's Agency: (only if it has changed since program enrollment)

Supervisor Verification

I certify that the Officer referenced above has completed the above stated course

Supervisor Name and Rank (please print):

Supervisor's E-mail:

Supervisor's Signature:

Supervisor's Signature Date:



TSS Level I Submission Form

Category 4-A: TSS Elective Courses

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Courses from TSS Course List must include course number.
3. Print out form and sign.
4. Have Supervisor review and sign.
5. FAX completed form to the TSS Administrator, c/o Jeanne Chenoweth at (410) 875-3584.
6. Retain original copy for your records.

Course Information

Course Name:

Course Hours:

Course No:

Course Completion Date (Mo-Day-Yr):

(note: if you do not know the exact completion date, you may estimate the date)

Providing Agency: (only if course is not listed on TSS Course list):

Points Credit:

8-15 hrs=1 pt	16-23 hrs= 2 pts	24-31 hrs= 3 pts	80-87 hrs= 10pts
32-39 pts= 4 pts	40-47 hrs=5 pts	48-55 pts= 6 pts	88 and above= 1 pt
56=63 hrs= 7 pts	64-71 hrs= 8 pts	72-79 hrs= 9 pts	for each 8 hrs. class

Officer Information

Officer First and Last Name (Please Print):

Certification No:

Officer Phone: (only if changed since program enrollment)

Officer's E-Mail: (only if changed since program enrollment)

I certify that I have successfully completed the above referenced course on or about the Course Completion Date stated above.

Officer's Signature:

Today's date:

Officer's Agency: (only if it has changed since program enrollment)

Supervisor Verification

I certify that the Officer referenced above has completed the above stated course

Supervisor Name and Rank (please print):

Supervisor's E-mail:

Supervisor's Signature:

Supervisor's Signature Date:



TSS- Level I Submission Form
Category 4- B:
Military Service

- Up to a total of 3 points of elective credits can be earned toward the requirements for TSS-I Designation through documentation of military service. The Military Service option for elective credit is only applicable to TSS-Level I.
- 1 point per year of service, up to a total of 3 points, will be awarded.
- In order to receive this credit, a copy of your discharge document **MUST** accompany this completed and signed form.

Instructions

1. Fill out form completely; please type or print in all fields except signature line.
2. Print out and sign form.
3. Make copy of discharge document.
4. FAX completed form, along with copy of discharge document to the TSS Administrator, c/o Jeanne Chenoweth, at (410) 875-3584.
5. Retain original copy for your records.

Officer's First Name:

Officer's Last Name:

Officer's Certification No.

Officer's Phone: (only if changed since program enrollment)

Officer's E-mail: (only if changed since program enrollment)

Officer's Agency: (only if changed since program enrollment)

Branch of Service:

Years of Service:

Military Service Completion Date:

Eligible Points: 1 pt- 1 yr service 2 pts-2 yrs service 3 pts- 3+ yrs service

Officer's Signature:

Today's Date:



TSS-Level I Submission Form

Category 4-C: Post-Secondary Education Degree Credit

- Up to a total of 3 points of elective credits can be earned toward the requirements for TSS-I Designation through post-secondary degree credit.
- In order to receive this credit, a copy of your diploma OR a copy of your college transcript that indicates graduation MUST accompany this form.
- **Please Note:** If you submit Post-Secondary Education documents to fulfill requirements for TSS Level I, you cannot use them again to satisfy requirements for Levels II or III, unless you have completed a higher degree since the time of the original submission. In that case, you can receive 1 additional elective point for completing the higher degree.

Instructions

1. Fill out this form completely; please type or print in all fields except signature lines.
2. Print out and sign form.
3. Make copy of Degree diploma or transcript that indicates graduation.
4. FAX completed form, along with copy of diploma or transcript to the TSS Administrator, c/o Jeanne Chenoweth, at (410) 875-3584.
5. Retain original copy for your records.

Education Degree
(Check one)

- Associate of Arts
 Bachelors
 Masters

Officer's First Name:

Officer's Last Name:

Certification No.

Officer's Phone: (only if changed since program enrollment)

Officer's E-mail: (only if changed since program enrollment)

Officer's Agency: (only if changed since program enrollment)

Completion/Graduation Date:

Eligible Points: 1 pt-Associate of Arts 2 pts-Bachelors 3 pts- Masters

Officer's Signature:

Today's Date:

Required Documentation Submitted (Check One) Diploma Transcript



TSS-Level I Submission Form

**Category 4-D:
Traffic Safety Awards**

- A maximum of 1 award per award type, up to a total of 5 points, may be submitted for TSS Elective Credit. In order to receive this credit, a copy of the required documentation for each award being submitted must accompany this form.
- **Please Note:** Any awards submitted for credit toward TSS Level I requirements cannot be used again to satisfy Level II or III requirements. However, multiple awards achieved in different years can each be used to satisfy Level I, II and III requirements. (e.g., If DUI awards were won in 2000, 2003 and 2006, each award could be used to earn 1 elective point at each of the TSS Levels).

Instructions

1. Fill out form completely; please type or print in all fields except signature lines.
2. Print out and sign form.
3. Make copy of award certificate or letter notifying receipt of award.
4. FAX completed/signed form, along with documentation of each award to the TSS Administrator, c/o Jeanne Chenoweth, at (410) 875-3584.
5. Retain original copy for your records.

Award Types: (Check all that apply; maximum one award per award type)

- | | | |
|--|---------------|-----------|
| <input type="checkbox"/> DUI Enforcement | Year Awarded: | Points: 1 |
| <input type="checkbox"/> Occupant Protection | Year Awarded: | Points: 1 |
| <input type="checkbox"/> Smooth Operator Enforcement | Year Awarded: | Points: 1 |
| <input type="checkbox"/> National Traffic Safety Award | Year Awarded: | Points: 2 |

TOTAL POINTS:

Officer's First / Last Name:

Officer's Certification No.

Officer's Phone: (only if changed since program enrollment)

Officer's E-mail:(only if changed since program enrollment)

Officer's Agency:(only if changed since program enrollment)

Officer's Signature:

Today's Date:

Documentation (Check One) Award Certificate(s) Notification Letter(s)



OPTIONAL ONE PAGE SUPERVISOR SIGN-OFF SHEET

Officer's Name:

Certification #

Agency Name:

Date:

<input type="checkbox"/>	Category 1: Two Years Independent Traffic Control Experience (Verification Form Signed by officer). Total years of Independent Traffic Control Experience:																																																												
<input type="checkbox"/>	Category 3: Documentation of Speed Detection Device Certification Copy of card or certificate.																																																												
<input type="checkbox"/>	Category 4: Documentation of Standardized Field Sobriety Testing Certification Copy of card or certificate.																																																												
<input type="checkbox"/>	<p>Category 5: TSS Electives (Note: 13 Points of TSS Electives required for TSS Level I Designation. This requirement can be satisfied through courses, military service, post-secondary education and/or traffic safety awards:</p> <p>(A) Courses: (No points will be awarded for courses less than 8 hours in length) Points:</p> <table border="0"> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> <tr><td>Pts</td><td>Title/Number:</td><td>Hrs</td><td>Date Completed</td></tr> </table> <p>(B) Military Service (1 pt per year. Max. 3 pts) Verified with copy of discharge document Pts Years of Service: Years: Branch Select One Year Completed:</p> <p>(C) Post-Secondary Education: Verified with copy of diploma Pts: Associate of Arts from Accredited College (1 pt) Documentation: <input type="checkbox"/> Diploma <input type="checkbox"/> Transcript Pts: Bachelors Degree from Accredited College (2 pts) Documentation: <input type="checkbox"/> Diploma <input type="checkbox"/> Transcript Pts: Masters Degree from Accredited College (3 pts) Documentation: <input type="checkbox"/> Diploma <input type="checkbox"/> Transcript</p> <p>(D) Traffic Awards: (Maximum 1 pt per award category; total of 3 pts)</p> <table border="0"> <tr><td>Pts: DUI Enforcement Award (1 pt)</td><td>Year:</td><td>Documentation: <input type="checkbox"/> certificate</td><td><input type="checkbox"/> letter</td></tr> <tr><td>Pts: Occupant Protection Award (1 pt)</td><td>Year:</td><td>Documentation: <input type="checkbox"/> certificate</td><td><input type="checkbox"/> letter</td></tr> <tr><td>Pts: Smooth Operator Award (1 pt)</td><td>Year:</td><td>Documentation: <input type="checkbox"/> certificate</td><td><input type="checkbox"/> letter</td></tr> <tr><td>Pts: National Traffic Safety Award (2 pts)</td><td>Year:</td><td>Documentation: <input type="checkbox"/> certificate</td><td><input type="checkbox"/> letter</td></tr> </table>	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts	Title/Number:	Hrs	Date Completed	Pts: DUI Enforcement Award (1 pt)	Year:	Documentation: <input type="checkbox"/> certificate	<input type="checkbox"/> letter	Pts: Occupant Protection Award (1 pt)	Year:	Documentation: <input type="checkbox"/> certificate	<input type="checkbox"/> letter	Pts: Smooth Operator Award (1 pt)	Year:	Documentation: <input type="checkbox"/> certificate	<input type="checkbox"/> letter	Pts: National Traffic Safety Award (2 pts)	Year:	Documentation: <input type="checkbox"/> certificate	<input type="checkbox"/> letter
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Pts: National Traffic Safety Award (2 pts)	Year:	Documentation: <input type="checkbox"/> certificate	<input type="checkbox"/> letter																																																										

SUPERVISOR'S CERTIFICATION

I certify that I have reviewed this officer's course submission forms and documentation and that the above referenced officer has completed all the TSS-I Requirements indicated above.

Supervisor's Name and Rank:

Agency:

Supervisor's E-mail:

Work Phone:

Supervisor's Signature: _____

Signature Date: _____

