

**MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS  
INSERVICE PROGRAM APPROVAL APPLICATION**

Agency Number \_\_\_\_\_

MPCTC USE ONLY

| App./Disapp. | Date Approved | Approval # |
|--------------|---------------|------------|
|              |               |            |

**RETURN APPROVAL TO (Type Complete Address Below):**

**Year:** \_\_\_\_\_ (Refer to MPCTC General Regulations: Chapter 01; Regulation 12)

**Course Title:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_  
**Course Description:** \_\_\_\_\_

*MPCTC regulations require testing of all approved in-service training programs with a minimum score of 70% needed for certification and that all individuals instructing for more than three hours in any training program be certified by MPCTC.*

| <u>INSTRUCTOR</u> | <u>Soc Sec No.</u> | <u>INSTRUCTOR</u> | <u>Soc Sec No.</u> |
|-------------------|--------------------|-------------------|--------------------|
| _____             | _____              | _____             | _____              |
| _____             | _____              | _____             | _____              |
| _____             | _____              | _____             | _____              |

| <u>SUBJECT</u> | <u>HOURS</u> |
|----------------|--------------|
| _____          | _____        |
| _____          | _____        |
| _____          | _____        |
| _____          | _____        |

(Use Continuation Sheet if necessary for additional subject matter)

*IT IS NOT NECESSARY TO SEND ANY OTHER DOCUMENTATION WITH THIS APPLICATION, HOWEVER, APPROPRIATE DOCUMENTATION SHOULD BE KEPT ON FILE WITHIN THE INDIVIDUAL AGENCY.*

**I certify that all information provided on this application is true and correct:**

Signature/Title

Date

\_\_\_\_\_ Please TYPE/PRINT name signed above Telephone Number