

MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS ENTRANCE LEVEL PROGRAM APPROVAL APPLICATION

Agency/Academy Number _____

Academy Name _____

MPCTC USE ONLY

Approved/Disapproved _____

Date Approved _____

Approval Number _____

RETURN APPROVAL TO (Type complete address below:)

Program start date: _____ Program end date: _____
Please indicate if graduation date is different.

Total program hours: _____ Is field training included in program hours? Yes No
If yes, specify the number of weeks or hours that are
exclusively field training _____

Number of students enrolled: _____ If any students represent agencies other than
your own, list the number and agencies below.

# of students	Agency
_____	_____
_____	_____
_____	_____
_____	_____

If additional space is needed, T here ___ and list on reverse

MPCTC regulations require mastery of all training objectives and an overall score of 70% or higher for certification. In addition, anyone instructing for more than three (3) hours must be MPTC certified or otherwise exempt from certification.

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

- Student roster (must include name as it is to appear on diploma and social security number)
- Instructor roster (name, social security number and indicate general, firearms, EVOC or combination)
- List of objectives indicating where taught and tested

Application submitted by

Signature/Title

Date

Please TYPE Named Signed Above

Phone Number