

Application for Recertification or Tuition Increase of Certified Courses

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| A. Certified Course Title | E. Name of Course Director | Phone Number |
| B. Agency Submitting Request | F. Course Certified Hours: Hours in Course _____ | G. Number of Instructors _____ |
| C. Address Where Course Will be Presented | H. Format: _____ hours per day _____ days per week _____ weeks | No. of evening sessions _____ |
| D. Course Presentation Dates Starting date _____ Time _____ Ending date _____ Time _____ | I. Minimum No. of Trainees _____ Maximum No. of Trainees _____ | |
| J. List any changes from original certification: *(Use additional sheets if necessary) Is this course copyrighted or license protected? Yes / No If Yes, then complete Form X | | |
| COURSE INFORMATION AFFECTING REIMBURSEMENT | | |
| K. Tuition: Commuter \$ _____ Resident \$ _____ Regional Commuter \$ _____ Any other course costs: _____ Is any part of this course covered by a grant? NO () YES () Explain: (If a tuition increase is being requested, Form G-Course Budget, must be submitted) | | |
| L. Travel: If travel for course instruction is required for other than course site, complete the following: Transportation is furnished to other site by: _____ Student _____ Other Explain: How many miles is the other training site from site indicated in (C) above? _____ How many trips will be required? _____ | | |
| M. Lodging: If lodging is arranged by the training institute, complete the following: Lodging charge per student \$ _____ Lodging provided: _____ Monday-Friday only _____ Monday-Sunday (inclusive) _____ Other _____ | | |
| N. Meals: If meals are arranged by the training institute, complete the following: Lodging charge per student \$ _____ Includes _____ Breakfast _____ Lunch _____ Dinner Meals provided: _____ Monday-Friday Only _____ Monday-Sunday (inclusive) _____ Other _____ | | |
| O. Name and Title of Person Requesting Course Recertification | | P. Date of Request |
| FOR STAFF USE ONLY | | |
| Received | Reviewing Staff Member | Curriculum & School Standards Advisory Committee & Finance Committee Committee Action: _____ Date: _____ Committee Action: _____ Date: _____ Board Action: _____ Date: _____ |

IMPORTANT NOTICE: The Board is requesting specific information that is necessary to accomplish the statutory purposes as outlined in the Illinois Police Training Act. Failure to provide this information may prevent this form from being processed.

INSTRUCTIONS FOR COMPLETION
OF

**FORM J-APPLICATION FOR RECERTIFICATION OR TUITION INCREASE
OF CERTIFIED COURSES**

- A. CERTIFIED COURSE TITLE: Enter the title approved by the Illinois Law Enforcement Training and Standards Board.
- B. AGENCY SUBMITTING REQUEST: Enter the name of the school, agency, individual or firm authorized by the Board to present course.
- C. ADDRESS WHERE COURSE WILL BE PRESENTED: Enter the exact address where main course of instruction will take place.
- D. COURSE PRESENTATION DATES AND TIME: Enter the dates and time course is scheduled to begin and end.
- E. NAME OF COURSE DIRECTOR AND PHONE NUMBER: Enter name of person who will be in charge of this course and his/her phone number.
- F. COURSE CERTIFIED HOURS: Enter the total number of hours of instruction approved for this course.
- G. NUMBER OF INSTRUCTORS: Enter the number of instructors to be used for this course.
- H. FORMAT: Enter the hours per day, days per week, number of weeks, and number of evening sessions for this course.
- I. MINIMUM NUMBER OF TRAINEES: Enter minimum number of trainees when course will be cancelled.

MAXIMUM NUMBER OF TRAINEES: Enter maximum number of trainees that will be allowed to enroll for this course presentation.
- J. LIST ANY CHANGES FROM ORIGINAL CERTIFICATION: Enter title, tuition, etc., that have changed from original certification.
- K. TUITION: Enter the approved tuition amount charged per student. If the amount varies per student for any reason, explain on a separate sheet.
- L. TRAVEL: Occasionally students are required to travel to locations away from the normal training site, i.e., shooting range, driving range. If this course presentation includes training at another location, complete the blanks as follows: Indicate if a student must provide own transportation to another site or if the course presenter has made arrangements for the transportation of the students - explain.
- M. LODGING: If lodging is arranged by the training institute, enter the lodging charge, and check the applicable box which shows that period of time the charge covers.
- N. MEALS: If meals are arranged by the training institute, enter the meal charges, and in the applicable box(es) enter the number of meals provided for this charge. Check the applicable box indicating the days of the week meals are provided.
- O. Self explanatory.
- P. Self explanatory.