

## INSTRUCTOR RECORD

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name;</b>
<b>Address:</b>	<b>City:</b>	<b>State, Zip</b>
<b>Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone;</b>
<b>Email:</b>	<b>FAX Number:</b>	<b>POST License Number:</b>

**Title of Course To Be Taught:**

**Instructor Experience:** List your experience, education, and training that specifically qualifies you to instruct this course. (If you have them, please attach any relevant training certificates or any relevant secondary or third-party instructor licenses.)

**Education, Training, and Experience:**

**References - who can best attest that you are qualified to teach this course (include name and phone number)**

1 <sup>st</sup> . Reference:	Phone Number:
2 <sup>nd</sup> . Reference:	Phone Number:
3 <sup>rd</sup> . Reference:	Phone Number:

**Instructor Attestation**

By submitting this form to the Missouri Sheriffs' Association, I hereby certify that all of the above information is accurate to the best of my knowledge.