



Incorporated by Reference in Rule 11B-21.002(1), F.A.C.

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
CRIMINAL JUSTICE STANDARDS AND TRAINING COMMISSION**

**APPLICATION FOR CRIMINAL JUSTICE TRAINING  
SCHOOL CERTIFICATION AND RE-CERTIFICATION**



PLEASE CHECK ONE:  New Application  Re-certification Re-certification Period: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Type of Certification Requested A  B  C

Name of Commission-certified training school or agency requesting certification or Re-certification:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

CJSTC Region Number: \_\_\_\_\_

Training Center Director: \_\_\_\_\_

**APPLICATION FOR CRIMINAL JUSTICE  
TRAINING SCHOOL CERTIFICATION and RE-CERTIFICATION**

**APPLICATION INSTRUCTIONS**

Section 943.12(6)-(8), F.S., authorizes the Commission to develop and approve criminal justice training schools and to issue certificates based on compliance with rule requirements. Training entities requesting to become certified or re-certified as a Commission-certified training school shall complete the Criminal Justice Training School Certification and Re-certification application, form CJSTC-29.

The certification or re-certification request shall be restricted to the applicant. Rule Chapter 11B-21, F.A.C., provides specific requirements for certification and re-certification. Familiarity with this rule may assist you in completing the application. The applicant shall complete only those portions of the application that apply and shall ensure that data in the application is supported by documentation attached to the application. Commission staff reserves the right to verify all data.

Type "A" certification grants the training school the authority to deliver Commission-approved Basic Recruit Training Program Courses for law enforcement, corrections, and correctional probation and to deliver Commission-approved Advanced and Specialized Training Program Courses.

Type "B" certification grants the training school the authority to deliver Commission-approved Basic Recruit Training Program Courses for law enforcement and Commission-approved Advanced and Specialized Training Program courses.

Type "C" certification grants the training school the authority to deliver Commission-approved Basic Recruit Training Program Courses for corrections and correctional probation officers and to deliver Commission-approved Advanced and Specialized Training Program Courses.

For applications submitted for initial certification, Commission staff shall conduct a training needs analysis for the region served by the applicant, and shall make a formal recommendation to the Commission based upon the needs analysis and other pertinent information that may bear upon the certification of the training entity.

For applications submitted for re-certification, Commission staff shall conduct an official evaluation of the training school pursuant to Rule 11B-21.002(5), F.A.C., and shall report the findings to the Commission along with a formal recommendation regarding the training school's request for re-certification.

**Mail the application for Criminal Justice Training School Certification and Re-certification to:**

Florida Department of Law Enforcement  
Criminal Justice Professionalism Program  
Post Office Box 1489  
Tallahassee, Florida 32302-1489  
**Attention: Field Services Section**

FLORIDA DEPARTMENT OF LAW ENFORCEMENT  
CRIMINAL JUSTICE STANDARDS AND TRAINING COMMISSION

APPLICATION FOR CRIMINAL JUSTICE TRAINING SCHOOL CERTIFICATION AND RE-CERTIFICATION

Please Type

IDENTIFICATION DATA

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Name of Training School	Area code and Telephone number
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Mailing Address: P.O. Box or Street	City	County	Zip Code
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Street address - if different from above	City	County	Zip Code
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ADVISEMENT

Rule 11B-21.001(3), F.A.C., requires that each criminal justice training school certified or recertified by the Commission shall establish a method for receiving advisement from employing agencies served by the training school.

Describe the form of advisement to be used by the proposed training school; e.g., Local Advisory Committee, Regional Training Council, Other (be specific).

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Identify by name, title, and agency all members of the school's local advisory committee, if applicable.

	<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Identify the chair of the local advisory committee, if appropriate.

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Name	Title	Area Code and Telephone Number
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Agency or Training School	Address
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E-mail Address: \_\_\_\_\_

Identify by name, title, and agency all members of the regional training council.

	<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Identify the chair of the regional training council, if appropriate.

Name	Title	Area Code and Telephone Number
_____	_____	_____
Agency or Training School	Address	
E-mail Address:	_____	_____

**STAFFING REQUIREMENTS**

Rule 11B-21.005(8) F.A.C., requires that criminal justice training schools certified and recertified by the Commission shall employ personnel who meet the criteria identified in this rule section.

One full time salaried criminal justice training school director employed on a 12-month calendar with faculty or administrative status.

**Director:** \_\_\_\_\_  
**Last** **First** **MI**

One full-time clerk or administrative assistant assigned to report to the training center director, whose responsibilities are restricted to providing assistance to the director. Two or more persons may perform such clerical or administrative duties provided that the aggregate personnel time dedicated to these duties are equivalent, at minimum, to a full-time position.

**Clerical or Administrative Assistant:** \_\_\_\_\_  
**Last** **First** **MI**

**Clerical or Administrative Assistant:** \_\_\_\_\_  
**Last** **First** **MI**

Two full-time criminal justice instructors or instructional coordinators assigned to report to the training school director for training schools with a Type "A" certification. One coordinator position can be comprised of two or more individuals provided the aggregate personnel time dedicated to these duties are equivalent to one full-time position. A training school with a Type "B" or "C" certification shall have at least one full-time criminal justice training instructor or instructor coordinator position assigned to report solely to the training center director.

**Instructor/or Instructor Coordinator:** \_\_\_\_\_  
**Last** **First** **MI**

**Instructor/or Instructor Coordinator:** \_\_\_\_\_  
**Last** **First** **MI**

**Instructor/or Instructor Coordinator:** \_\_\_\_\_  
**Last** **First** **MI**

**Instructor/or Instructor Coordinator:** \_\_\_\_\_  
**Last** **First** **MI**

**Instructor/or Instructor Coordinator:** \_\_\_\_\_  
**Last** **First** **MI**

**Instructor/or Instructor Coordinator:** \_\_\_\_\_  
**Last** **First** **MI**

**MINIMUM FACILITIES REQUIREMENT STANDARDS**

Criminal justice training schools requesting certification and re-certification to teach Commission-approved training courses shall comply with the Commission's minimum facility standards pursuant to Rule Chapter 11B-21.005, F.A.C.

**CLASSROOM REQUIREMENTS**

(Requirements outlined on form CJSTC-205)

List main campus or training school location of classroom facility(ies). Please attach additional pages as needed.

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**FIREARMS RANGE REQUIREMENTS**

(Requirements outlined on form CJSTC-201)

List main campus or training school location of firearms range(s). Please attach additional pages as needed.

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Does the training school own, lease, or have a written agreement to access the property on which the designated firing range(s) are located? (Please attach copies of lease or written agreements.)

Own:

Lease:

Written Agreement:

**DRIVING RANGE REQUIREMENTS**

(Requirements outlined on form CJSTC-202)

List main campus or training school location of driving range(s). Please attach additional pages as needed.

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Does the training school own, lease, or have a written agreement to access the property on which the designated driving range(s) are located? (Please attach copies of lease or written agreements.)

Own:

Lease:

Written Agreement:

**DEFENSIVE TACTICS TRAINING REQUIREMENTS**

(Requirements outlined on form CJSTC-203)

List main campus or training school location of defensive tactics facility(ies). Please attach additional pages as needed.

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**FIRST AID EQUIPMENT REQUIREMENTS**

(Requirements outlined on form CJSTC-208)

List main campus or training school location of first aid facility(ies). Please attach additional pages as needed.

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## SATELLITE TRAINING SITES

Please list all satellite facilities used by your training school. Include all classroom facilities and high liability facilities and indicate the facility type (e.g., classroom, firearms, etc.). Please attach additional pages as needed.

Facility Type: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Type: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Type: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Type: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Type: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Type: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Type: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR INITIAL CERTIFICATION ONLY**

Rule 11B-21.002(3),F.A.C., requires entities that request training school certification to obtain approval from the Regional Training Council in its area.

Did the Regional Training Council approve this training school certification request?

Yes  No

If the answer is *no*, please explain:

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_____ <b>Chairman of the Regional Training Council</b>	_____ <b>Title</b>
_____ <b>Chairman of the Regional Training Council Signature</b>	_____ <b>Date</b>

**ATTESTMENT FOR CERTIFICATION OR RE-CERTIFICATION**  
(Required for all applications)

The statements contained in the application are true, complete, and correct, and I agree that said statements shall form the basis of this application. I understand that any intentional falsification of this application may result in denial, suspension, or revocation of my requested training school certification. In addition, I agree to abide by all of the rules, regulations, and policies adopted by the Criminal Justice Standards and Training Commission and of the Criminal Justice Professionalism Program, Florida Department of Law Enforcement, in relation to the Commission's criminal justice training programs.

NOTE: Documentation of the Regional Training Council's approval shall be attached to form CJSTC-29.

_____ <b>Designated Agency Administrator or School President</b>	_____ <b>Title</b>
_____ <b>Agency Administrator or School President Signature</b>	_____ <b>Date</b>
_____ <b>Training Center Director</b>	
_____ <b>Training Center Director Signature</b>	_____ <b>Date</b>