

TRAINER APPLICATION

Complete the application below. Print and sign where appropriate. Supervisor signature and phone number is required. Email this application with all other required forms to trainer@ncbrt.lsu.edu.

Requirements: To be a NCBRT Trainer candidate, the applicant must meet all of the following requirements:

- Be an employee/volunteer of an agency/department with a minimum of five years experience.
- Endorsed by the head of the applicant's respective agency/department.
- Certified instructor by the authority having jurisdiction.
- Agree to conduct a minimum of 3 courses per year.
- Score 80% or higher on the National Center for Biomedical Research & Training Train-the-Trainer course exam.
- Submit a resume and proof of training/certification.

Please select the course application you would like to receive:

- Biological Incidents Awareness (AWR-118)
- Introduction to the Computer-Aided Management of Emergency Operations Suite (ICAMEO) (PER-229)
- Site Protection through Observational Techniques (AWR-219)
- Law Enforcement Prevention & Deterrence of Terrorist Acts (AWR-122)
- Law Enforcement Active Shooter Emergency Response (PER-275)

Applicant Information

Class number for NCBRT class taken: _____

Full Name: _____

Mailing Address: _____
Street Address City State Zip

Telephone _____ Email: _____ Fax: _____

Agency Information

Agency/Department Name: _____

Mailing Address: _____
Street Address City State Zip

Telephone _____ Email: _____ Fax: _____

Employment

From	To	Agency	Supervisor	Telephone	Email
Responsibilities:					
From	To	Agency	Supervisor	Telephone	Email
Responsibilities:					

Education High School College College + Other:

Certifications/Degree	Level	Year

I certify that the information recorded on this application is correct. Falsification of information will result in denial of status as a Trainer. Further, I agree to abide by the rules, policies and regulations of LSU and the National Center for Biomedical Research and Training. Failure to do so will result in denial of status as a Trainer. I authorize the release of my grades to my employer (Head of agency/department).

Signature of Applicant: _____ Date: _____

I certify that the applicant is in good standing.

Signature of Agency/Department Head: _____ Date: _____

Phone Number of Agency/Department Head: _____