

LSU | NCBRT

INDIRECT TRAINER APPLICATION

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

To be an LSU NCBRT/ACE Indirect Trainer, applicants must:

- Be an employee/volunteer of an agency.
- Be endorsed by the head of the applicant's agency or department. (Signature required)
- Be a certified instructor by the authority having jurisdiction.
- Earn a score of 80% or higher on the course exam for the appropriate course(s).
- Submit a resume with signed application.

Select the course for which you are applying to become a trainer.

- | | |
|--|--|
| <input type="checkbox"/> Active Threat Integrated Response Course (PER-340) | <input type="checkbox"/> Law Enforcement Active Shooter Emergency Response (PER-275) |
| <input type="checkbox"/> Active Threat on Campuses: Protective Measures and Response (PER-374) | <input type="checkbox"/> Site Protection through Observational Techniques (AWR-219) |
| <input type="checkbox"/> Biological Incidents Awareness (AWR-118) | <input type="checkbox"/> Surviving an Active Shooter: Run. Hide. Fight. (PER-375) |
| <input type="checkbox"/> Introduction to the CAMEO Suite (PER-229) | |
| <input type="checkbox"/> Law Enforcement Prevention & Deterrence of Terrorist Acts (AWR-122) | |

APPLICANT INFORMATION

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Years with Agency: _____

Email Address: _____

AGENCY INFORMATION

Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I certify the information recorded on this application is correct. Falsification of information will result in denial of trainer status. Further, I agree to abide by the rules, policies, and regulations of LSU NCBRT/ACE. Failure to do so will result in denial of trainer status. I authorize the release of my course grades to my agency or department head.

Applicant Signature: _____ Date: _____

AGENCY/DEPARTMENT HEAD

I certify that the applicant is in good standing.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____