Form A2 (2023)

Illinois Law Enforcement Training and Standards Board
4500 South 6th Street Road, Rm 173 • Springfield, Illinois 62703-6177 • Telephone: (217) 782-4540

Executive Institute/MTU Course Certification Application

1. Course Vendor/Instructor:	2. Course Title:	3. Hours in Course:

4. Course objective and narrative description (use additional pages, if necessary):

5. Method of evaluating stated objectives (if applicable):

6. Method of presentation (indicate all techniques used):
☐ Lecture ☐ Demonstration ☐ Simulation ☐ Scenario/Role Playing ☐ Conference ☐ Online ☐ Other _____

7. I believe the reviewed and submitted course materials meet the mandated training guidelines for (check all that apply):

Mandate	Total Hours	Scenario-Based Hours
☐Civil Rights		
☐ Constitutional/Proper Use of LE Authority		
☐ Crisis Intervention		
☐ Cultural Competency		
☐ Emergency Medical Response		
☐ Firearm Restraining Order Act		
☐ Human Rights		
☐ Legal Updates		
☐ Officer Wellness and Mental Health		
☐ Procedural Justice		
☐ Psychology of Domestic Violence		
☐ Reporting Child Abuse and Neglect		
☐ Sexual Assault Trauma Informed Response		
☐ Use of Force (excluding below subsections)		
☐ De-escalation Techniques		
☐ High-risk Traffic Stops		
☐ Law concerning stops, searches, and use of force		
☐ Officer Safety Techniques		
Specialized Training	**Total Hours**	**Scenario-Based Hours**
☐ Crisis Intervention Team Training (CIT)		
☐ Lead Homicide Investigator		
☐ School Resource Officer (SRO)	NOT APPLICABLE	
☐ Active Threat Response		
☐ Juvenile Law		
☐ Officer & Youth Interaction		
☐ Sexual Assault Investigator Training		

8. Is this course copyrighted or license protected? ☐ Yes ☐ No If yes, then complete **Form X**

9. I certify that the information contained herein is true and complete to the best of my knowledge and the training course(s) has been vetted pursuant to our MTU policy and is/are of sufficient quality for Board certification. I authorize investigation of all facts contained in this Application and agree to provide any additional information as may be required by the Board. I understand that false or misleading information given in this Application or interview/s may result in immediate decertification of this course and/or any course offered by the Applicant.

MTU Coordinator or Chairman: _____ Date of Request: _____