

**INSTRUCTOR RESUME WORKSHEET**

POST 2-112 (Rev 05/2019)

**INSTRUCTIONS – DO NOT MAIL OR SUBMIT THIS WORKSHEET TO POST**

- This worksheet is to be completed by the Instructor.
- The course presenter will submit the information into the **POST EDI System**.
- If you have questions about your qualifications, **contact the course presenter**.
- A separate Instructor Resume is required for each course taught by an instructor.

**SECTION 1. PERSONAL INFORMATION**

INSTRUCTOR NAME (FIRST, MI, LAST, SUFFIX)		CURRENT OCCUPATION	CURRENT EMPLOYER (PRIMARY)

POST ID	HIGHEST DEGREE OBTAINED	YR OBTAINED (YYYY)	MAJOR	EDUCATION/TEACHING CREDENTIAL
				<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE/UNIVERSITY GRANTING DEGREE

Name	City	ST
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**LIST PROFESSIONAL LICENSES OR CERTIFICATES – CHECK LICENSE(S) RELEVANT TO INSTRUCTING THIS COURSE**

1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
4) <input type="checkbox"/>	5) <input type="checkbox"/>	6) <input type="checkbox"/>
7) <input type="checkbox"/>	8) <input type="checkbox"/>	9) <input type="checkbox"/>
10) <input type="checkbox"/>	11) <input type="checkbox"/>	12) <input type="checkbox"/>

**LIST LAW ENFORCEMENT OR OTHER EXPERIENCE INCLUDING ANY *DIRECTLY RELATED* TO THIS INSTRUCTIONAL ASSIGNMENT**

	NO. OF YEARS
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

**SECTION 2. INSTRUCTOR EXPERIENCE (COURSES YOU HAVE TAUGHT)**

1)	2)
3)	4)
5)	6)
7)	8)
9)	10)
11)	12)

Instructor Name:
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**SECTION 3. COURSE INFORMATION**

LIST SUBJECTS INSTRUCTOR TEACHES IN THIS OR OTHER COURSES (e.g., FIREARMS, LEGAL UPDATE) – CHECK SUBJECTS RELEVANT TO INSTRUCTOR IN THIS COURSE

1) <input type="checkbox"/>	2) <input type="checkbox"/>	3) <input type="checkbox"/>
4) <input type="checkbox"/>	5) <input type="checkbox"/>	6) <input type="checkbox"/>
7) <input type="checkbox"/>	8) <input type="checkbox"/>	9) <input type="checkbox"/>
10) <input type="checkbox"/>	11) <input type="checkbox"/>	12) <input type="checkbox"/>

**SECTION 4. INSTRUCTOR DEVELOPMENT TRAINING**

LIST INSTRUCTOR DEVELOPMENT INSTRUCTOR HAS RECEIVED INCLUDING THAT WHICH IS *SPECIFIC TO THIS COURSE*.

If this instructor teaches one or more **Specialized Subjects** listed in Commission [Regulation 1070](#) (for example, Chemical Agents, Arrest & Control, Firearms, etc.), check the box for 1070(b) or 1070(c) as appropriate.

Course Title	Course Control Number (or Presenter name if not POST-certified)	Total Hours	Date Completed (MM/DD/YYYY)	1070(b)	1070(c)
1)				<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>
4)				<input type="checkbox"/>	<input type="checkbox"/>
5)				<input type="checkbox"/>	<input type="checkbox"/>
6)				<input type="checkbox"/>	<input type="checkbox"/>

ACADEMY INSTRUCTOR CERTIFICATION COURSE (AICC) CERTIFIED INSTRUCTOR

Regular Basic Course Instructors shall complete AICC, Regulation 1082 **OR** pass the AICC Equivalency Process, Regulation 1009(c)(4).

**Completed AICC, [Regulation 1082](#)**

- Course Control Number
- Date Completed (MM/DD/YYYY)

**Completed AICC Equivalency Process, [Regulation 1009\(c\)\(4\)](#)**

- Academy Name
- Academy Director or Designee Name
- Date Equivalency Granted (MM/DD/YYYY)

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