



JUSTICE AND  
PUBLIC SAFETY CABINET

The Department of Criminal Justice Training

**TACTICAL MEDICINE INSTRUCTOR TRAINING APPLICATION**

NAME: \_\_\_\_\_ Phone number: \_\_\_\_\_

AGENCY: \_\_\_\_\_ Phone number: \_\_\_\_\_

Number of officers with the agency: \_\_\_\_\_

Does your agency currently have a Tactical Medicine Instructor? Yes/No  
If yes, how many \_\_\_\_\_

Will you be replacing an instructor, increasing number of instructors or establishing a Tactical Medicine program at your agency? \_\_\_\_\_

Please describe you agency's annual Tactical Medicine training: (attach additional pages if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Background**

Years in Law Enforcement: \_\_\_\_\_ Years with current agency: \_\_\_\_\_

Military Service: Yes/No Branch of Service: \_\_\_\_\_ MOS: \_\_\_\_\_

Law Enforcement Instructor Training

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

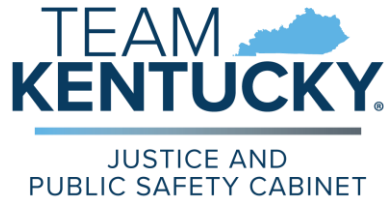
Name: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

**Applicant Readiness**

I certify that I do not have any medical issues that will prevent my full participation in the Tactical Medicine Instructor Trainer Course. I understand that I will be instructed to demonstrate numerous physically demanding events without assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Executive Statement of Commitment**

I understand my nomination of this individual to attend the Tactical Medicine Instructor Trainer Course includes a commitment that the applicant will coordinate annual Tactical Medicine training at the agency upon successful completion of the course.

Name and Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Chief Executive's Signature: \_\_\_\_\_ Date: \_\_\_\_\_