Private Security Instructor Proof of Skills Improvement and Education

DPSST, Private Security/Investigator Program 4190 Aumsville Hwy SE Salem, OR 97317 Ph. (503) 378-8531 http://www.oregon.gov/DPSST/PS/

PS-8



In order to process your application without delay, please print legibly.

| Name | PSID# | ~1 <u>\(\)\</u> |
|--|---|--|
| Email | | |
| | or affirm, under penalty of perjury, that all topelete and accurate and that I did in fact pa | |
| Signature: | | |
| Instructors must submit pro within the two years prior to | oof of a minimum of 8 hours of continuing application for renewal. | education that was completed |
| professional course topics education sources include | focus on instructor development or the D applicable to the corresponding instructor training, classes, seminars, workshops, le he form of a grade, certificate, transcript, | certification. Continuing ectures, conferences and |
| | one DPSST private security instructor cer ach of their instructor certifications using s | |
| 1. Course/Event | | |
| | Date | Hours |
| 2. Course/Event | | |
| | Date | Hours |
| 3. Course/Event | | |
| | Date | Hours |
| 4. Course/Event | | |
| | Date | Hours |
| 5. Course/Event | | |
| | Date | Hours |
| 6. Course/Event | | |
| | Date | Hours |
| For additional continuing educ | cation information use a separate form. | |