



DOC/DPSST Instructor Certification Application

F9

Form Submission or Questions: schedulecert@state.or.us; Call 503-378-4411
For use only by DPSST Training Division and DOC Professional Development Unit Only

Revised
11/30/2021

<p>Instructors that have primary responsibility for the instruction of any portion of a Board-approved curriculum for a mandated course must be certified.</p>						
Applicant	1. Last Name		First Name	Middle Name	2. DPSST Number	
	4. Agency:				5. SSN*	
	<small>*SSN is required by law for child support enforcement and tax purposes per ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Failure to provide your SSN will be basis to refuse issuance of a certificate.</small>					
Requirements	<p>DPSST Training Requirements: Does IRIS reflect completion of the Board-approved Adult Learning Core Course (M00-19A). If no, the instructor cannot be certified.</p>				Yes	No
	<p>DOC Training Requirements: Did you complete a DOC approved instructor development course or possess the knowledge skills and abilities to instruct a mandated course</p>					
Professional Standards	<p>Must be completed even if previously reported to DPSST.</p>				Yes	No
	<p>Have you ever had a public safety certification denied, suspended or revoked by the Department of Public Safety Standards and Training?</p>					
	<p>Have you ever been: convicted of; found guilty of; entered a plea of guilt to; entered a plea of no contest to; entered a civil compromise; found guilty except for insanity or its equivalent; or adjudicated as a juvenile for an offense punishable as a crime (includes felonies, misdemeanors and violations) in ANY local, state, federal, military or tribal jurisdiction in Oregon or any other jurisdiction?</p>					
<p>If you answer yes to the above question, you must submit a form F28 Criminal History Reporting with this application. DPSST will not process your application without the form F28 completed in its entirety.</p>						
Applicant Attestation	<p>I attest the information contained is accurate and I am requesting certification. I understand that falsification of this document makes my certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR 259-008-0300.</p> <p>Signature _____ Date _____</p> <p>Printed Name _____ Title _____ DPSST No. _____</p>					
Contact	<p>16. Provide any additional individuals who DPSST may contact regarding this form. Include only work email addresses. Rank, Name, Email and Phone Number</p>					
Signatures	<p>DPSST and DOC only.</p> <p>I attest that I am the Department Head or hold DPSST Certification and I am authorized by the Department Head to sign below. I affirm, through a background investigation, that this individual does not have any convictions, criminal dispositions, or a history of conduct that would, in the opinion of my agency, adversely impact this instructor's position as a role model, leader within the public safety profession and a source of expertise for critical learning components. If certified by DPSST, I understand that falsification of this document makes my certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR 259-008-0300</p> <p>Signature _____ Date _____</p> <p>Printed Name _____ Title _____ DPSST No. _____</p> <p>Email Address _____ Phone _____</p>					
				<input type="checkbox"/> LEDS <input type="checkbox"/> OJIN E-Court		
					Issued By/Date Issued	