



# DOC/DPSST Instructor Certification Application

Email: [schedulecert@state.or.us](mailto:schedulecert@state.or.us); Questions? Call DPSST at 503-378-4411 or email [schedulecert@state.or.us](mailto:schedulecert@state.or.us)  
*For use only by DPSST Training Division and DOC Professional Development Unit Only*

F9

IRIS  
 Revised  
 5/8/20

<p><b>Instructors that have primary responsibility for the instruction of any portion of a Board-approved curriculum for a mandated course must be certified.</b></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><b>DPSST Training Requirements:</b> Does <a href="#">IRIS</a> reflect completion of the Board-approved Adult Learning Core Course (M00-19A). If no, the instructor cannot be certified.</p>				Yes	No
	<p><b>DOC Training Requirements:</b> 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><b>Must be completed even if previously reported to DPSST.</b></p>				Yes	No
	<p>a. Have you ever had a public safety certification denied, suspended or revoked by the Department of Public Safety Standards and Training?</p>					
	<p>b. Have you ever been convicted of any of the following:</p> <ul style="list-style-type: none"> <li>• A conviction for an offense designated under the law where the conviction occurred as being punishable as a felony or as a crime for which a maximum term of imprisonment of more than one year may be imposed?</li> <li>• A conviction involving the unlawful use, possession, delivery or manufacture of a controlled substance, narcotic or dangerous drug except for a criminal disposition for possession of less than one ounce of marijuana that occurred prior to July 1, 2015 and prior to instructor certification?</li> <li>• A conviction that requires registration as a sex offender?</li> <li>• A conviction involving any element of domestic violence as defined in ORS 135.230 or elements of child abuse as defined in ORS 107.705?</li> </ul>					
<p><b>If yes to either question, please explain attaching additional pages if necessary.</b>  <small>For convictions, include date, arresting agency, and disposition.</small></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>					
Signature _____		_____		Date _____		
Printed Name _____		Title _____		DPSST No. _____		
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><b>DPSST and DOC only.</b>          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>					
	Signature _____		_____		Date _____	
	Printed Name _____		Title _____		DPSST No. _____	
	Email Address _____				Phone _____	
<input type="checkbox"/> LEDS <input type="checkbox"/> OJIN E-Court				Issued By/Date Issued		