

# FIREARM INSTRUCTOR CONTINUING EDUCATION

## SUBMISSION CHECKLIST

*This form must be submitted by the person or agency requesting LET approval of training classes/courses that may count toward continuing education hours for Commission approved firearm instructors. Please place a checkmark in the box next to each completed task statement.*

- I am requesting \_\_\_\_\_ hours of firearm instructor continuing education hours based on my attendance to the course listed below and attached as part of this submission:

Name of Course: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Training Location: \_\_\_\_\_

Name of Instructor or Vendor: \_\_\_\_\_

- I've attached/submitted a lesson plan, detailed outline, or PowerPoint that:
- Contains a Purpose or Goal statement -- Addresses the **WHY?** *something set up as an end to be attained ... Example: "To provide officers with the knowledge and skills needed to develop and facilitate firearm training courses."*
  - Contains Training Objectives – Addresses **WHAT?** *What is the desired aim or end of action for the various subject areas ... Example: "Demonstrate proper weapons handling safety and security, to include adherence to prescribed range safety rules."*
  - Address **ANY** the following firearm instructor subject areas: *(check those that apply)*
    - Liability and use of force;
    - Safety and basic handgun nomenclature
    - Basic handling and operation of handguns
    - Fundamentals of shooting and remediation of shooting errors
    - Skill building and testing
- OR**
- Addresses Any of the following instructor development subject areas: *(check those that apply)*
    - Development of lesson plans
    - Development of teaching objectives
    - Development of test questions.
  - Address **HOW** the information will be taught -- instructor methodology?
  - Address **WHEN** the information will be taught – sequence of events?
- I've clearly marked/flagged/highlighted all sections and/or pages containing the aforementioned subjects, i.e. liability and use of force.

*Note: Failure to complete any of the above requirements may result in disapproval of your request. In addition, LET staff may disapprove your request if any of the material or techniques presented are deemed illegal, unsafe, or improper.*

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Agency: \_\_\_\_\_