ACCREDITATION RESUME FORM

TO: CLEET Continuing Education

FROM:

Agency: _____

Course Name/Title: _____

INSTRUCTOR INFORMATION:

Name: _____

SSN: _____

Residence Address: _____
Street/P.O. Box City, State ZIP

Telephone: _____ Email: _____

CAREER RESUME (please list employer, position and tenure):

Present Position: _____

Prior Position: _____

Education: _____

Degree(s): _____

Professional Training: _____

_____

Which of the following CLEET instructor certifications do you hold?

Basic Instructor _____ Date of Certification _____

Defensive Tactics / Custody Control _____ Date of Certification _____

Firearms Instructor _____ Date of Certification _____

LEDT (Driver Training) _____ Date of Certification _____

First Aid / CPR _____ Date of Certification _____

Radar Instructor _____ Date of Certification _____

Other (specify) _____ Date of Certification _____