



# APPLICATION FOR TRAINING PROVIDER

State Form 46166 (R6 / 1-25)

LAW ENFORCEMENT TRAINING BOARD

<b>LAW ENFORCEMENT TRAINING BOARD</b> 5402 S. County Road 700 E Plainfield, IN 46168 Telephone: (317) 839-5191 Fax: (317) 839-9741
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**INSTRUCTIONS:** 1. Please type or print clearly.  
 2. E-Mail this completed application and all attachments to **ILEARecords@ileain.gov**

Date of application (month, day, year)	Type of agency <input type="checkbox"/> Business Entity <input type="checkbox"/> Sole Proprietor / Individual <input type="checkbox"/> Academia	Type of application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Update
Name of business entity, sole proprietor / individual, or school		Provider number
Street / mailing address (number and street, city, state, and ZIP code)		
Telephone number (     )	Fax number (     )	URL (if applicable)
Name of Chief Executive Officer or department head		
Title		Telephone number (     )
Name of primary instructor or additional contact person		
Title	Telephone number (     )	E-mail address
Subject area of classes		

REQUIRED ATTACHMENTS	
<p><i>Business entities and sole proprietors / individuals must submit all items. Schools with Federal Interagency Committee on Education (FICE) numbers must submit item 11 only. Use plain, white, 8.5" x 11" paper for all attachments, except for brochures.</i></p>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. All names your agency has been known by or affiliated with.</li> <li><input type="checkbox"/> 2. A brief history of your organization and a mission statement.</li> <li><input type="checkbox"/> 3. A vitae or resume of each instructor who will be teaching in this subject area.</li> <li><input type="checkbox"/> 4. Learning or performance objectives for this subject area.</li> <li><input type="checkbox"/> 5. Identification numbers and descriptions of established course(s) / seminar(s).</li> <li><input type="checkbox"/> 6. Evaluation method(s) used to measure learning.</li> <li><input type="checkbox"/> 7. Description or examples of training records and forms, and samples of certificates.</li> <li><input type="checkbox"/> 8. Tuition costs with a breakdown of what is provided to each trainee.</li> <li><input type="checkbox"/> 9. List of governmental agencies that have certified any of your courses.</li> <li><input type="checkbox"/> 10. List of business and personal references.</li> <li><input type="checkbox"/> 11. Current brochures, advertisements, and catalogs with class / course numbers and descriptions.</li> </ul>	

I, the above-named person, a legal representative of the above-named agency, hereby attest to the completeness and accuracy of all information contained herein and all attachments submitted in support of this application. I understand that falsifying any information submitted to the Law Enforcement Training Board (LETB), or any other criminal justice agency, is cause for the removal of my agency from the LETB's list of registered training providers. Further, my agency agrees to permit monitoring by the LETB of any part of the training my agency presents as an LETB training provider. I further understand that if there is a legal challenge to any training provided by my agency or to any of my instructors, the challenge must be defended by my agency. Lastly, my agency agrees not to represent itself as an LETB training provider except when such representation is for the purpose of advertising training or areas of training that my agency has been specifically approved to provide.

Signature	Date (month, day, year)
Title	

FOR LETB USE ONLY - DO NOT WRITE IN THIS SECTION		
<input type="checkbox"/> Approved as an LETB training provider <input type="checkbox"/> Rejected as an LETB training provider	Date of expiration (month, day, year)	
Comments / restrictions		
Approved / rejected by:	Title	Date (month, day, year)