



**International Association of Campus Law Enforcement Administrators
Incident Command System (ICS) Training Program
U.S. Department of Homeland Security Grant
Instructor Nomination Form**

Name of Person Making Nomination: _____
(NOTE: Person making nomination must be agency chief/director, VP etc.)

Title of Person Making Nomination: _____

Nominee Personal Information

Last Name: _____ First _____ Middle _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Agency Information

Name of Institution: _____
Name of Department: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Law Enforcement /Public Safety/Training/Experience

From: ___/___/___ to ___/___/___
Contact: _____
Agency: _____ Phone _____
Responsibility _____

From: ___/___/___ to ___/___/___
Contact: _____
Agency: _____ Phone _____
Responsibility _____

From: ___/___/___ to ___/___/___
Contact: _____
Agency: _____ Phone _____
Responsibility _____

Education/Certifications

Education:

High school College +4 College

Certification:

Instructor Certification: Year: _____

Level: _____ Year: _____

Level: _____ Year: _____

Area of Training Expertise

References

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I certify that the information recorded on this nomination form is correct. Falsification of information will result in denial of status as an instructor. Further, I agree to abide by the terms spelled out in the "Nominees' Pledge." Failure to do so will result in denial of status as an instructor.

Signature of Nominee: _____ Date: _____

I certify that this person is in good standing and I will allow this person to instruct as to the Agency Head's Pledge.

Signature of Agency Head: _____ Date: _____