University of Texas System Police

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| --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | | | **First Name:** | | **Rank:** | |
|  | | |  | |  | |
| **Work Contact Phone**: ( ) - | | | | **Email**: | | |
| **TCOLE Instructor Certified:** | | Yes  No **Date received**: MM/YYYY | | | | |
| **Certifications:** | | | | | | |
|  | | | | | | |
| **Education:** | | | | | | |
| **School:** | | | **Degree:** | | | **Date:** MM/YYYY |
| **School:** | | | **Degree:** | | | **Date:**  MM/YYYY |
| **School:** | | | **Degree:** | | | **Date:**  MM/YYYY |
| **Instructor experience, published work, consulting, etc:** | | | | | | |
|  | | | | | | |
| **Date bio completed:** | MM/YYYY | | | | | |
| **Signature of Training Coordinator:** |  | | | | | |
| **Date Training Coordinator approved instructor’s bio:** | MM/YYYY | | | | | |

Instructor Bio