



# University of Texas System Police

## DP64: Instructor Bio

LAST NAME		FIRST NAME		TCOLE PID	
DATE		TCOLE CERTIFICATE LEVEL			
		<input type="checkbox"/> License <input type="checkbox"/> Basic <input type="checkbox"/> Advanced <input type="checkbox"/> Master <input type="checkbox"/> Telecommunicator			
WORK CONTACT PHONE		EMAIL			
TCOLE Instructor Certified		<input type="checkbox"/> Yes <input type="checkbox"/> No		Instructor Level	
				<input type="checkbox"/> Basic <input type="checkbox"/> Adv. <input type="checkbox"/> SME	
Certificates					
Firearm Instructor				Spanish Instructor	
Taser Instructor - Model#:				SAFVIC Instructor	
OC Spray Less-Lethal Instructor				K9 Handler Instructor	
Baton Instructor:				Mobile Video Instructor	
Defensive Tactics Instructor				Arson Instructor	
Tactical Weapon Instructor:				EVOIC Instructor	
ALERRT Instructor				Traffic Investigation Instructor	
Basic First Aid Instructor				Ethics Instructor	
SABE/IFAK Medic Instructor				Computer Crimes Instructor	
Crisis Intervention Instructor				9-1-1 Instructor	
Citizen Interaction Instructor				Telecommunication Instructor	
Mental Health Peace Officer Instructor				TDD/TTY Instructor	
Cultural Diversity Instructor				Other:	
SFST Instructor – Expiration:		<input checked="" type="checkbox"/>		Other:	
Higher Education Degree		<input type="checkbox"/> College Credit <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor <input type="checkbox"/> Master           Other: <input type="text"/>			
Subject Matter Expertise: What courses and/or training have you taken that qualifies you to teach this specific course? Include dates taken or when certified. Use additional space if needed.					

**What course do you plan to instruct for UT System Police?**

**As the instructor submitting this document and all necessary attachments, I am certifying, subject to criminal penalty, that the contents of this official government document are true and correct.**

**Instructor Signature**

**Date**

**As the training coordinator, I am certifying, subject to criminal penalty, that this official government document and required attachments have been reviewed for compliance with TCOLE rules and that the instructor meets the qualification to teach the designated course(s).**

**Training Coordinator Signature**

**Additional Space, if needed**