



# MISSISSIPPI

## PEACE OFFICER STANDARDS & TRAINING

### DETENTION INSTRUCTOR APPLICATION FOR CERTIFICATION

SEE ATTACHED INSTRUCTIONS

Name: \_\_\_\_\_ Rank/ Title: \_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Month / Day / Year  
Agency/ Department: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Post Office Box or Street City Zip Code

Are you now or have you ever been a certified detention officer in Mississippi? Yes \_\_\_ No \_\_\_ , Type \_\_\_  
New Renewal Certification in an  
I am requesting: Certification \_\_\_ of Certification \_\_\_ additional subject area \_\_\_

#### I. Education and Experience

Please indicate your education and experience by checking one (1) of the following and attaching a copy of your highest diploma/degree.

\_\_\_ High school graduate & 5 or more years experience. \_\_\_ Two years college & 3 or more years experience.  
\_\_\_ BS or BA Degree and 1 or more years experience. \_\_\_ Specialized instruction (academy director's request)

If none of the above are checked, you do not meet the requirements for instructor certification as stated in the BLEOST Policy and Procedures Manual, Instructor Certification, Section III.

**Please list your criminal justice employment/experience within the last five (5) years.**

Agency: \_\_\_\_\_

Rank/ Position: \_\_\_\_\_ Date of Employment: \_\_\_\_\_ to \_\_\_\_\_  
(Use an additional sheet if necessary)

#### II. General Subject

MS POST certification in this area only recognizes the applicant's general knowledge of training and instruction. Subject matter competency based on experience, education and training is endorsed by the agency head, then forwarded to MS POST for its consideration.

Please check all general subject areas you are requesting instructor certification for on this application. Attach documentation of training and experience for each general subject area for which you have requested certification.

**Note: Only subjects listed in the following portion of the application require MS POST instructor certification.**

#### LEGAL

Legal Foundations of Incarceration  
Reference Use of the Codes  
Constitutional Rights, Civil Rights, and Case Law  
Legal Issues Regarding Confidentiality and Accessing Records  
Screening and Monitoring of Visitors  
Legal Issues with Professional Visitation  
Legal Issues Screening and Distribution of Mail  
Preparation for Testifying in Court  
Court Appearances

#### ASSAULTIVE BEHAVIOR AND RESTRAINT TECHNIQUES

Principles of Use of Force  
Principles of Use of Restraints  
Defensive Tactics - Footwork and Balance  
Defensive Tactics - Falling  
Defensive Tactics - Control Holds  
Defensive Tactics - Take-Downs  
Defensive Tactics - Ground Control Techniques  
Handcuffing and Searching a Handcuffed Inmate  
Mechanical Restraints and Safety Cell  
Defensive Tactics - Escaping Techniques  
Cell Extractions

#### MAINTAINING SECURITY

Basic Precautions  
Searching the Facility  
Security Rounds  
Counting and Locating Inmates  
Conducting Searches of Inmates  
Identifying Contraband  
Handling Contraband  
Evidence

#### REPORTING AND RECORD KEEPING

Assessment and Overview  
Writing for Local Corrections - Content  
Writing for Local Corrections - Organization  
Information Gathering and Note Taking  
Writing for Local Corrections - Mechanics  
Report Writing - Practice  
Report Writing - Testing

#### TACTICAL AND PRACTICAL COMMUNICATIONS

Interpersonal Communications  
Communications with Co-Workers  
Responding to Telephone Calls  
Professionalism and Ethics

#### OPERATIONS

Classification of Inmates  
Factors Affecting Classification  
Implications of Classification  
Gangs and Subcultures in Institutions  
Receiving Inmates  
Booking Inmates  
Processing New Inmates Prior to Housing  
Orienting New Inmates  
Issuing Supplies to New Inmates  
Verifying Identity Prior to Release  
Returning Property Prior to Release  
Reviewing Bail Bonds  
Processing Release on Own Recognizance  
In Custody Releases  
Time Served Releases  
Supervising Inmates  
Movement Within the Facility  
Transport Outside of Facility  
Preparation for Transport  
Transport Procedure  
Supervising Meals  
Supervising Cleaning of Cells  
Supervising Recreation  
Supervising Use of the Telephone  
Disturbances and Disputes  
Progressive Discipline  
Inmate Grievances  
Manipulation of Staff By Inmates  
Emergency Planning  
Fire and Life Safety

#### MONITORING HEALTH

Legal Issues  
Mental Health Issues  
Suicide Issues  
Indicators of Substance Abuse  
Indicators of Physical/Medical Problems  
Assisting Medical Personnel in the Distribution of Medication

- A. Do you hold professional credentials (excluding MS POST professional certification) recognized by ST?  
Yes \_\_\_ No \_\_\_

If yes, attach copy of degree, license, professional credentials or other documentation. If no, proceed to questions "B" and "C".

- B. Have you completed a MS POST 40 hour instructor techniques course or an approved equivalent?  
Yes \_\_\_ No \_\_\_ If so, attach the appropriate certificates.

- C. Have you completed an instructor internship of at least two (2) hours in length with your nomination official?  
Yes \_\_\_ No \_\_\_

If "yes", attach a copy of the appropriate documentation. If "no" to questions "B" or "C", you do not meet the requirements for instructor certification as stated in the MS POST Policy and Procedures Manual, Instructor Certification.

### III. Designated Special Subjects

MS POST certification is required to instruct each of these subject areas and is awarded upon documentation of specific training or education.

For each of these subjects you must answer "yes" to at least one (1) question in order to receive certification in that subject area.

#### A. Emergency Medical Procedures

- \_\_\_\_\_ 1. Have you completed an acceptable emergency medical system instructor's course?  
Yes \_\_\_ No \_\_\_
2. Are you currently registered by the American Red Cross or other agency as an instructor for First Aid and/or CPR? Yes \_\_\_ No \_\_\_ If yes to either question, attach copy of certificate(s).

#### B. Defensive tactics

1. Have you completed an acceptable law enforcement defensive tactics instructor course?  
Yes \_\_\_ No \_\_\_
2. Do you have substantial training and experience in teaching defensive tactics?  
Yes \_\_\_ No \_\_\_ If yes to either question, attach documentation of training, attestation of experience and a letter from the academy director indicating demonstrated instructional competency.

### IV. Renewal of Certification

- A. Have you conducted training in your certified area(s) of instruction in a Board approved curriculum during the previous certification period? Yes \_\_\_ No \_\_\_ If yes, attach documentation. If no, you do not meet the requirements for instructor re-issuance as stated in the MS POST Policy and Procedures Manual, Instructor Certification, Section III.
- B. Have you provided documentation of continuing knowledge in the requested area of re-certification? Yes \_\_\_ No \_\_\_ If yes, attach documentation.

## APPLICANT'S AFFIDAVIT

I hereby testify that all the information contained in this application and the copies of all materials and certificates that I have furnished with this application are true and correct. I have met the requirement as stated in the BJOST Policy and Procedures Manual, Instructor Certification, Section III. I also affirm that I am a citizen of the United States, by birth or naturalization, that I have never been convicted of a felony or a misdemeanor involving moral turpitude, that my discharge (if any) from the armed forces was under honorable conditions and that I am of good moral character. I understand that any misrepresentation of information on this application is cause for revocation.

Signature of Applicant

Date of Application

## BELOW TO BE COMPLETED BY THE NOMINATING OFFICIAL

I have checked the background, reviewed the credentials and evaluated the instructional abilities of this applicant as required in the MS POST Policy and Procedures Manual, Instructor Certification, Section III, and recommend certification as an instructor. If this is an application for renewal, this applicant has documented instructional activity of MS POST certified programs during his current period of certification. I am satisfied with the continuing knowledge of this individual in the area(s) of re-certification. I understand it is my responsibility to utilize this instructor only in the areas of his/her expertise and provide stewardship of his/her certification.

Director of Academy

Date

Name of Academy

## INSTRUCTIONS

Please read these instructions before completing the "Instructor Application". All documentation of education, training and experience should be attached to insure speedy process of your request. Return to the address below.

**Type or print in ink when completing this form.**

1. Record your full name, title, date of birth and social security number, your employer (the organization the you are employed with, not the organization you will be teaching for, unless they are one and the same), and the agencies mailing address and telephone number.
2. Check whether or not if you have ever been a certified detention officer in Mississippi.
3. If you have never been issued an instructor certificate by the Board on Jail Officer Standards and Training (BJOST) check New certification. If you have previously held an instructor certificate issued by BJOST check Renewal of certification. If you currently hold an instructor certificate issued by BJOST and wish to have certification in additional areas check Certification in an additional subject area.
4. Indicate the highest level of education and experience you have achieved (attach documentation of education and experience). If none are applicable, you do not meet the education and experience requirement for BJOST instructor certification.
5. Check the subjects that you desire the BJOST to recognize as your area if instructor certification. Also provide any documentation as to your qualifications or knowledge in the requested subject areas.
6. Provide the requested information asked in questions "A", "B" or "C". Question "A" applies to applicants that hold professional credentials other than BJOST issued certificates (e.g., attorneys, state certified teachers, certified public accountants, etc.). Provide copies of professional membership cards, certificates, etc. if you have checked "yes" to this question. If you do not qualify under question "A" then you must qualify under both questions "B" and "C". Provide a copy of the Board-approved instructor development or techniques course you attended and a copy of you "Instructor Evaluation" form.
7. Instructor certification in a designated special subject area has specific requirements for each subject area. If you do not meet the stated requirement and are not able to document the training, certification will not be issued in the area.
8. The renewal of instructor certification will require that an instructor provide documentation of instruction in Board-approved training programs during the previous three (3) year period for which the expiring certificate was issued. This can be shown by a letter from the academy director or a copy of the training schedule. Instructor renewal will also be based on the continued education of the instructor in the area of requested renewal.
9. This form must be signed and dated by the head of the agency, or the form must be signed and dated by someone with the authority to do so. If the later is the case, then we must have a letter on file at this office stating specifically who has such authority. This letter will have to be authorized by the head of the agency.
10. Once completed, signed and dated return the form to the address below.

MS Dept. of Public Safety/Div. Of Public Safety Planning/Office  
of  
Standards and Training  
PO Box 1633  
Canton, MS 39046  
Telephone # - (601) 391-4896, Fax # - (601) 391-4439