



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
1025 North Park Drive
Ridgeland, MS 39157

Telephone (601) 977-3777; Facsimile - (601) 977-3773