



# Arizona Peace Officer Standards and Training Board

## SUBJECT MATTER EXPERT / SME INSTRUCTOR APPLICATION

To the SME Applicants: Choose from the drop-down list or write in the SME Instructor functional area for which you are applying:

SME FUNCTIONAL AREA	IF NOT LISTED, ENTER HERE
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Successful applicants shall be required to possess and maintain a level of expertise in their appointed functional area such that they are able to advise AZPOST staff and counsel and provide testimony if required. A minimum of **two years** must have elapsed from the time the applicant completed the instructor course, with the exception of First Aid, until submission of application for the SME instructor status being sought. A separate SME Application must be submitted for each functional area being sought. The applicant must have the endorsement of his/her agency head (academy commander if being nominated to represent an academy) or appropriate designee. Please complete all blocks with the desired information. Use "N/A" if appropriate. Submit completed applications to AZPOST, along with a recent resume. The applicant will be notified in writing of his/her status.

APPLICANT INFORMATION				
LAST NAME	FIRST NAME	MI	RANK	LAST 4 SSN
AGENCY / ACADEMY		CONTACT NUMBER		EMAIL ADDRESS
ADDRESS		CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)		CITY	STATE	ZIP CODE

<b>Basic Instructor Designations Held and dates attained (check <u>all</u> that apply)</b>				
<input type="checkbox"/> AZPOST Defensive Tactics Instructor	DATE	AZPOST Use	List all other relevant instructor designations. NOTE: Please specify certifying organization and date received. i.e., American Heart Association CPR Instructor, NAFTO. Please list non-instructor schools and trainings in resume.	
<input type="checkbox"/> AZPOST General Instructor	_____	_____		
<input type="checkbox"/> AZPOST Firearms Instructor	_____	_____		
<input type="checkbox"/> AZPOST Physical Fitness Instructor	_____	_____		
<input type="checkbox"/> AZPOST Tactical Driver Instructor	_____	_____		
<input type="checkbox"/> AZPOST High Risk Vehicle Stop Instructor	_____	_____		

### APPLICANT ACKNOWLEDGEMENT

I am applying for the AZPOST Subject Matter Expert status for the topic listed above. I understand if this application is accepted, it may be necessary to complete additional steps prior to becoming a SME Instructor. I further acknowledge if I am awarded AZPOST SME Instructor status, I must instruct in an AZPOST course in the same functional area at minimum of once every two years in order to maintain SME status. If appointed, I understand I may be obligated to participate, plan, assist, and instruct in future seminars workshops and AZPOST instructor schools as may be appropriate. At minimum, I shall be required to maintain the level of expertise required to provide to the AZPOST Board recommendations which promote integrity, validity and effectiveness to the POST standards and training programs, free from personal biases and opinions. I shall not knowingly place myself in a position adverse to AZPOST, notwithstanding curriculum development processes. AZPOST may also discontinue my SME status without cause as necessary for the betterment of the program.

SIGNATURE	DATE
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### AGENCY / ACADEMY ENDORSEMENT

As the agency head/academy director of this designee, I certify that the applicant has requested and been granted permission to apply to be an AZPOST Subject Matter Expert or SME Instructor. I understand that if selected and approved, the applicant will be required to maintain SME status as designated by AZPOST, and assist with instructing courses in the functional area, with due regard to agency needs and impact. This individual is recommended as someone capable of functioning in the capacity of a subject matter expert.

NAME (type or print)	TITLE	SIGNATURE	DATE
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### AZPOST / SME GROUP USE ONLY

TRAINING MANAGER SIGNATURE			STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Denied	DATE
DATE RECEIVED BY AZPOST and INITIALS	1 <sup>ST</sup> SHADOW	2 <sup>ND</sup> SHADOW	DATE OF FINAL ACTION	ASSC ENTRY DATE/BY:
AZPOST STAFF ASSIGNED and DATE			APPLICANT FINAL NOTIFICATION DATE/BY	SME INSTRUCTOR <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION**

- Your Resume**, which should include the following:
  - Name
  - Address
  - Personal Information (rank)
  - Hire Date
  - Years of Service
  - Previous Law Enforcement Service
  - Education
  - Certifications
  - Instructor Certifications
  - Instructor Experience - Number of classes, students, and hours of instruction
  - Any additional information you want the reviewing SME's to know
- Letters of Reference** from SME / Instructors in the same discipline you are requesting
- Any additional documents** you feel will assist the reviewing SME's in making their decision