

# Master Law Enforcement Instructor Certificate

## Complete Required Courses

- Basic Instructor Development  Reality Based Training Instructor
- Advanced Instructor Development

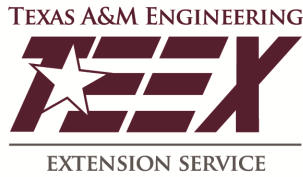
*Note: TEEEX will only accept the Basic Instructor Development (#1014) from another training provider. If you are citing Basic Instructor Development (#1014) from another provider, please provide your certificate of successful completion and TCOLE training record with your application. TEEEX will review your course equivalency request and make a determination on a case-by-case basis.*

*No substitutions will be accepted for Advanced Instructor Development or Reality Based Training Instructor or any of the elective courses.*

## Complete Three (3) Elective Courses

- Arrest and Control Tactics Instructor  Patrol Rifle Instructor
- Advanced Arrest and Control Tactics Instructor  Police Motorcycle Instructor
- Emergency Vehicle Operations Instructor  RADAR/LIDAR Instructor
- Firearms Instructor  Standardized Field Sobriety Testing Instructor

**Purchase Option:  Standard Certificate - \$37**



**INSTITUTE FOR LAW ENFORCEMENT &  
PROTECTIVE SERVICES EXCELLENCE**

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www.teex.org

## Master Law Enforcement Instructor Certificate

Your name will appear on your certificate as written. Please use your legal name and type or print clearly.

### Student Information

*\*Social Security Number (SSN) is used for record keeping purposes only and TCOLE credit (if applicable).*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ **OR** TEEEX Student Identification #: \_\_\_\_\_

U.S. Citizen?  Yes  No Non-U.S. Identifier: \_\_\_\_\_ Veteran?  Yes  No

### Affiliation Information

*Certificates are sent via FedEx. We are unable to ship items to PO Boxes at this time.*

Agency Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please email your application to [ILEPSE@teex.tamu.edu](mailto:ILEPSE@teex.tamu.edu).

### For TEEEX Office Use Only

Date Application Received: \_\_\_\_\_ Date Application Approved: \_\_\_\_\_

Approving Program Manager: \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_ Issued By: \_\_\_\_\_