



Vermont Criminal Justice Council Instructor Certification

This form must be used for agencies looking to obtain instructor waivers for law enforcement professionals that are need certification extensions or waivers. Select below which waiver you are requesting.

Last Name:	First Name:	MI:	DOB:
Last 4 SS#:	Agency:		
Certification Date:	Type of Instructor Certification:		

Certification Expiration:

Reason for Request: Medical FMLA Military Administrative Canine Medical
 Other—Please explain:

This form must be accompanied by documents to support the request. A letter (or a written explanation below) must also accompany the request and must indicate why the candidate could not complete training within the specified time frame and/or any agency needs that should be considered upon review of the request.

To be filled in by Agency Head or Designee

Name:	Date:
Title:	

VCJC Staff Use

Approved Rejected By:	Date:
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Approved Time Frame for Completion: 30 Days 60 Days 90 Days Other