



(ICP) Instructor Certification Application

Rev. 3/2016

Washington State Criminal Justice Training Commission
19010 1 Ave South
Burien, WA 98148-2055
Fax: 206-835-7924
icp@cjtc.state.wa.us

APPLICANT INFORMATION		
Name (Last, First, MI)		
Student ID / Last SSN	Personal Phone (Cell)	Email Address
Current Employer	If Self – Employed: Address	Business Phone
PROGRAM INFORMATION		
ICP Certification Course Name & Number	Program Manager	
ICP TRAINING REQUIREMENTS		
<input type="checkbox"/> ID I or ID II Click here to enter a date.	<input type="checkbox"/> Blue Courage Click here to enter a date.	
<input type="checkbox"/> I would like to submit for a waiver. See my <u>attached</u> ID 1 and/or ID 2 equivalent course.		

Applicant Instructor: To apply for ICP, please forward this application and any other program specific requested documents to the program manager.

Applicant Signature: _____

Date: _____

PROGRAM MANAGER	
Completed Evaluation Process	Click here to enter a date.

I approve or disapprove the above applicant to be ICP certified for the listed class.

Program Manager Signature: _____

Date: _____

OFFICE USE ONLY			
RECEIVED	ID CONFIRMED/WAIVED	CERT MAILED	DATA BASE UPDATED