



ARKANSAS STATE POLICE INSTITUTION OF INSTRUCTION (IOI) APPLICATION

FOR OFFICE USE ONLY
EFFECTIVE 5-2019
 ISSUED _____
 PROCESSED BY _____

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

**THE IOI APPLICANT MUST SUBMIT A COURSE SYLLABUS WITH
THIS APPLICATION FOR APPROVAL**

PLEASE TYPE OR PRINT LEGIBLY

NAME OF INSTITUTION OF INSTRUCTION:

INSTITUTION OF INSTRUCTION PHYSICAL LOCATION ADDRESS:

Street/P.O. Box	City	County	State/ZIP
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INSTITUTION OF INSTRUCTION MAILING ADDRESS:

Street/P.O. Box	City	County	State/ZIP
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INSTITUTION OF INSTRUCTION PHONE: (_____) _____

CONTACT PERSON: _____

INSTITUTION OF INSTRUCTION WEBSITE ADDRESS: _____

***THE APPROVED IOI SHALL PROVIDE THE DEPARTMENT A LIST OF ITS INSTRUCTORS AND THEIR QUALIFICATIONS (E.G. CURRICULUM, RESUME, CERTIFICATIONS, ETC.)

***THE APPROVED IOI SHALL PROVIDE THIS DEPARTMENT A LIST OF ITS ENROLLED STUDENTS.

***THE IOI WILL BE REQUIRED TO ISSUE THE STUDENT A CERTIFICATE OF COMPLETION FOR **PHASE(S) I, II AND III AS WELL AS ANY PRIVATE INVESTIGATOR COURSE REQUIREMENT.**