

## **Louisiana Standardized Field Sobriety Testing Instructor Development Course**

Name (Last, First): _____	Rank: _____
Agency: _____	Hire date: _____
Current Assignment: _____	Telephone#: _____
Agency Address: _____	Email Address: _____

The Louisiana Standardized Field Sobriety Testing (SFST) Instructor Program is nationally supported by the National Highway Traffic Safety Administration and the International Association of Chiefs of Police.

This course is conducted over four days (32 hours). It includes training in different types of learners and how to effectively present information to ensure that it is retained. Students will also receive instruction on the proper way to manage a live alcohol workshop. The course concludes with students teaching various sections of the SFST curriculum to the rest of the class and receiving feedback on their presentations. Students must also achieve a passing score of 80% on a written test as well as pass an SFST practical exam.

### **To be considered for training, the applicant must meet the following required criteria:**

- Must have a minimum of two years of law enforcement service.
- Must be off probation with your agency.
- Must be working in patrol/traffic enforcement with your agency.
- Must be trained in SFST within the past two years (Initial training or Refresher) and Intoxilyzer 9000 certified.
- Must have a reasonable background and experience level of DWI enforcement and courtroom testimony.
- Must have an endorsement/recommendation from your department.
- Must submit his/her two most recent DWI arrest reports for review.
- Must demonstrate proficiency in administering SFST. Applicant will be contacted to schedule a meeting after application is received.

To assist in the selection of quality personnel for the program, please complete the following information:

Dates of SFST and Intoxilyzer 9000 training: \_\_\_\_\_

Number of DWI arrests in the last two years: \_\_\_\_\_

Have you attended ARIDE training? If yes, when? \_\_\_\_\_

Summarize your prior assignments you feel are relevant to the SFST program

Summarize your formal education, work or practical experience, and training that may be related to or of interest to the SFST Program (EMT training, College, etc.)

I have read and understand the listed requirements and see the benefits of utilizing SFST Instructors within my agency. I support the SFST Instructor Program in Louisiana and recommend this officer for training.

Supervisor's name (printed): \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_

Commanding Officer's name (printed): \_\_\_\_\_

Commanding Officer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Email the completed application, with attachments, to M/T Matthew Lemmons ([matthew.lemmons@la.gov](mailto:matthew.lemmons@la.gov)) and M/T Robert Downs ([robert.downs@la.gov](mailto:robert.downs@la.gov)).**