



POLK STATE COLLEGE



- Course Title:** Breath Test Operator – 16 Hours
Specialized Course - #851
- Instructor(s):** Sgt. Ken Nichols – Winter Haven Police Department
- Date(s):** April 10, 2018 – April 11, 2018
- Time(s):** 8:00 AM – 5:00 PM (Tuesday - Wednesday)
- Location:** Polk State College - Center for Public Safety
Kenneth C. Thompson Institute of Public Safety
1251 Jim Keene Blvd
Winter Haven, Florida 33880
- Cost:** Region 8 training funds will pay for Region 8 law enforcement and correctional officers as well as Region 8 support personnel (when seats are available). **Region 8 includes Polk, Hardee, Highlands, and Desoto counties.**

For students who are attending this course from outside Region 8, the total cost for this course is \$1,629.58 or \$108.64 (based on 15 registered students.)

Description: This course is designed to prepare students for certification as Breath Test Operators. Topics of instruction will include:

Chapter 11D-8 of the Florida Administrative Code, Florida Statutes 316, 322, and 327, the pharmacology and physiology of alcohol, the theory of the Intoxilyzer 8000, the operation of the Intoxilyzer 8000, administering the breath test, and courtroom testimony regarding the breath test. Students will participate in practical exercises and cognitive testing of the course material.

This course qualifies for **mandatory** retraining.

**Kenneth C. Thompson Institute of Public Safety
at Polk State College Center for Public Safety
1251 Jim Keene Blvd
Winter Haven, FL 33880
(863) 297-1030 ext.
(863) 297-1045 fax
www.polk.edu/ips**

POLK STATE COLLEGE
KENNETH C. THOMPSON INSTITUTE OF PUBLIC SAFETY
Training Authorization & Advanced/Specialized Course Registration

Student Authorization (Formerly CJSTC 15A)

Student Registration

Student Name: _____
(Last Name) (First Name) (FULL Middle Name) (Sr, Jr, etc)

Student SS#: _____ Student email: _____

Supervisor/email _____

Check one: Law Enforcement Corrections Correctional Probation Civilian

Agency Name: _____

Agency Address: _____
(Street) (city) (state) (zip)

Date of Birth MM / DD / YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Numbers Preferred: Work:
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Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

<input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/Alaska Native
<input type="checkbox"/> Black (Non-Hispanic)	<input type="checkbox"/> Hispanic	

Note: Form MUST be completed in its entirety or the officer WILL NOT be registered. Ensure that you are using the most current form for this class. These forms are pre-filled for specific classes and located with the course announcement online <https://www.polk.edu/ips>.

Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region will be placed on a WAITING LIST and must have a reciprocal agreement in place with PSC before the 1st day of class. The course fee will be the per student cost on the course announcement (subject to change).

Agency Registration Section

Course #	Course Title	Dates	Time	Location
				Center for Public Safety

Course Credit (Check One): Salary Incentive Mandatory Retraining

Neither (support personnel/civilians only)

Authorized Agency Representative (please print): _____

Authorized Agency Signature: _____ Date: _____

Agency Contact Name: _____

Telephone Number: _____ Email: _____