

| Course Title: | Breath Test Operator – 16 Hours Specialized Course #851 | | | |
|---|---|--|--|--|
| Instructor(s): | Sgt. Kenneth Nichols – Winter Haven Police Department | | | |
| Date(s): | March 7, 2022 – March 8, 2022 | | | |
| Time(s): | 8:00 AM – 5:00 PM (Monday – Tuesday) | | | |
| 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. Student applications from outside of Region 8 will be placed on a waiting list to fill any open seats not filled by Region 8 officers. | | | |
| 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 <u>mandatory retraining</u> . Only courses selected for salary incentive, with the following exceptions, will be entered into FDLE's ATMS: all instructor courses, Breath Test Operator, Breath Test Operator Refresher, Agency Inspector, Agency Inspector Refresher, and Canine Team Training Kenneth C. Thompson Institute of Public Safety at Polk State College Center for Public Safety 1251 Jim Keene Blvd | | | | |

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 Nan | ne: | | | | | | | | |
|---|---------------------------|---------------------|------------|-------------------------------|--------------|---------------|--|--|--|
| | (Last Name | e) (First Name | e) | (FULL Middle | e Name) | (Sr, Jr, etc) | | | |
| Student SS# | udent SS#: Student email: | | | | | | | | |
| Supervisor/e | email | | | | | | | | |
| Check one: | Law Enforcem | ent Corrections | Correc | ctional Probation | Civi | lian 🗌 | | | |
| Agency Nar | ne: | | | | | | | | |
| Agency Address: | | | | | | | | | |
| | (Street) | (city) (state | :) | (zip) | | | | | |
| Date | of Birth | Gender | Preferred: | Telephone Numbers | | | | | |
| | | ☐ Male ☐ Female | Pleielleu. | | | | | | |
| MM / D | D / YYYY | | Work: | | | | | | |
| Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964) | | | | | | | | | |
| White (N | Ion-Hispanic) | Asian/Pacific Islan | der | American Indian/Alaska Native | | | | | |
| Black (Non-Hispanic) | | | | | | | | | |
| Note: Form <u>MUST</u> be completed in its entirety or the officer <u>WILL NOT</u> 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 <u>https://www.polk.edu/ips</u> . Officers/Civilians in Region 8 are at \$0.00 fee. Officers/Civilians outside of Region 8 will be placed on a waiting list to fill any open seats not taken by Region 8 officers. Only courses selected for salary incentive will be entered into FDLE's ATMS, with the following exceptions: Instructor courses, Breath Test Operator/ Refresher, Agency Inspector / Refresher, and Canine Team Training. | | | | | | | | | |
| Course # | Course Title | | Dates | Time | Location | | | | |
| | | | | | Center for I | 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: | | | | | | | | | |
| | | | | | | | | | |

KCTIPS Form 80 Revised 7/17/19