



**Course Title:** Breath Test Operator Renewal – 4 hours  
Specialized Course #951

**Instructor(s):** Sgt. Kenneth Nichols – Winter Haven Police Department

**Date(s):** April 9, 2019

**Time(s):** 8:00 AM – 12:00 PM (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.**

For students who are attending this course from outside Region 8, the total cost for this course is \$1,112.02 or \$111.20 (based on 10 registered students.)

**Description:** This course is designed to prepare students for continued 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](http://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)

<b>Date of Birth</b>  <b>MM / DD / YYYY</b>	<b>Gender</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Telephone Numbers</b>  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 1<sup>st</sup> 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: \_\_\_\_\_