Course Title: Handgun Instructor Course – 44hrs.
Instructor Course #801

Instructor(s): Sergeant Keith Caratsole – Polk County Sheriff's Office

Date(s): September 29, 2025 – October 3, 2025

Time(s): 8:00 AM – 10:00 PM (Monday)
8:00 AM – 5:00 PM (Tuesday – Friday)

Location: **Polk County Sheriff's Office**
Burnham/McCall Training Center
2201 Old Bartow/Eagle Lake Road
Bartow, FL 33830

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 was developed to enhance the knowledge, skills, and abilities of an individual to provide efficient and effective basic recruit firearms training to criminal justice personnel. Topics of instruction include: Use of Deadly Force, Training Liability and Ethics, Documentation of Training, Liability Reduction, Review of Basic Recruit Firearms Curriculum, Correcting Student Deficiencies, First Aid for range related injuries, and Firearms Range Management and Setup. Students will also be required to participate in student teaching, classroom, and range exercises.
Qualification will begin on the first day of class. Students are required to qualify during daylight and night hours. Students must achieve a minimum passing score of 85%. There is no remediation for instructor students. Students who do not qualify on the first day will be dismissed from the course. *This course involves students being active on the range. Students should come prepared to work in the heat by being well hydrated and consuming fluids during the course.

Students must bring the following items to class:

- **One handgun with 500 rounds of ammunition**
- **50 rounds of frangible handgun ammunition**
- **Duty gear with holster and magazine pouches (3)**
- **Handheld flashlight**

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
ips@polk.edu
(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	Gender	Telephone Numbers
	☐ Male ☐ Female	Preferred:
MM / DD / YYYY		Work:

Race (Required by the U.S. Office of Education Title VI Civil Rights Act of 1964)

☐ White (Non-Hispanic)	☐ Asian/Pacific Islander	☐ American Indian/Alaska Native
☐ Black (Non-Hispanic)	☐ Hispanic	

<mark>**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.**</mark> **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 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
				Burnham McCall - PCSO

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