

Louisiana State Board of Private Investigator Examiners Technology Assisted Continuing Education Program Application

Date of application: _____

Type of application: Initial Application Supplemental Application Renewal Application

Name of Course Instructor: _____

Date of approval as Course Instructor: _____

Address: _____

Phone #: _____ E-mail: _____

Organization Sponsoring Continuing Education program:

Date of organization approval: _____

Is the organization registered and in good standing with the Louisiana Secretary of State's office or the state in which your organization is domiciled? Yes No If not, Louisiana, please list other state: _____

Title of Continuing Education Program: _____

Each website or media source where CE program will be offered:

Hours for Topic	Topic Description	Instructor for Topic

Please attach the following information:

- (1) Resume for each person who developed the continuing education program.
- (2) Detailed outline for the continuing education program.
- (3) Course materials including but not limited to handouts, booklets or power point presentations.
- (4) Sample test administered at the end of the CE program.
- (5) Sample of the technology assisted continuing education.

Submitted by: _____

Print Name: _____

Date received by Board:	Application Complete:	Date of Approval:	Approved by:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

LSBPIE Application for Course Instructor

Date of application: _____

Type of application: Initial Application Renewal Application

If renewal application, only provide any addition resume information and verification of good standing in your particular field, if applicable. Renewal ensures that you will continue serving as a Course Instructor.

Approval for Continuing Education Course Instructor: Yes No

Are you submitting a Continuing Education program along with this application? Yes No

Approval for 40 Hour Training Course Instructor: Yes No

Name of approved institution: _____

Name: _____

PI Agency Name: _____

PI License #: _____ Expiration date: _____ License type: _____

Address: _____

Phone #: _____ E-mail: _____

All training required by Louisiana law shall be administrated by a licensee who: (*applies to 40 Hour Training Course Instructors only*) (R.S. 37:3515)

- Is approved by the Board.
- Meets the qualifications of an applicant required by R.S. 37:3507.
- Has a minimum of three years supervisory experience with a contract investigator company or proprietary investigator organization.

Have you been approved by the Board in the past? Yes No

Have you been suspended, fined or removed from the list of approved

Course Instructors? Yes No If yes, please explain: _____

Please attach the following information to the application:

- Resume of course instructor
- If you are not a Louisiana licensed private investigator and you are applying as an individual with skills or experience in a particular area or attorney at law, please provide verification that you are in good standing with any regulatory agency or Board which provides oversight to your profession.
- **For 40 Hour Training Course Instructors only** – Please provide verification of a minimum of three years of supervisory experience with a contract investigator company or proprietary investigator organization in the form of an affidavit or letter from your employer including the dates of employment and types of activities which establish your supervisory experience.

Submitted by: _____

Date received by Board:	Application Complete:	Date of Approval:	Approved by:
	<input type="checkbox"/> Yes <input type="checkbox"/> No		