



Institution of Instruction-IOI
CSO TRAINING PAGE



Effective Date
2-2026

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

NAME OF COMPANY _____

CMPY _____

NAME _____
Last First MI

For Office Use Only:
Employee Credential Number

SS#: _____ - _____ - _____ DOB: _____

CURRENT AND ACTIVE CERTIFIED LAW ENFORCEMENT OFFICER? Yes ☐ No ☐

(CERTIFIED LAW ENFORCEMENT OFFICERS ARE EXEMPT FROM THE TRAINING REQUIREMENTS. THE OFFICER MUST BE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER. (SEE RULE 17 CAR § 350-1007)

(PLEASE ATTACH A COPY OF YOUR LAW ENFORCEMENT CERTIFICATION AND A LETTER FROM THE LAW ENFORCEMENT AGENCY THAT YOU ARE CURRENTLY EMPLOYED WITH THAT STATES YOU ARE A CURRENT, ACTIVE LAW ENFORCEMENT OFFICER.) _____

(If checked, a signature of TA or ATA is required)

PHASE I MAY BE CONDUCTED BY A TRAINING ADMINISTRATOR (TA), ASSISTANT TRAINING ADMINISTRATOR (ATA), TRAINING INSTRUCTOR (TI), OR GUEST INSTRUCTOR.

PHASE I – Training Requirements for PSO, CSO and CSSO

**Must consist of eight (8) hours minimum (Rule 17 CAR § 350-1004).*

DATE TRAINING COMPLETED

THE FIREARMS PORTION OF PHASE II AND III MUST BE CONDUCTED BY A CERTIFIED FIREARMS TRAINING INSTRUCTOR.

Certified Firearms Instructors must attach a current copy of their Firearms certification to this training page

PHASE II – Training Requirements for CSO and CSSO

**Must consist of sixteen (16) hours minimum (at least eight (8) hours in the classroom and eight (8) hours on the firing range)(Rule 17 CAR § 350-1005).*

DATE TRAINING COMPLETED

The instructor(s) and guest instructor(s) by completing this form affirm that he/she has successfully administered the training required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules. I hereby affirm that the representations made herein are true and correct.

TRAINING ADMINISTRATOR OR ASSISTANT TRAINING ADMINISTRATOR SIGNATURE:

GUEST INSTRUCTOR OR TRAINING INSTRUCTOR SIGNATURE:

Sign: _____

Sign: _____

Print: _____

SUBJECT TAUGHT: _____

Credential Number: _____

Print: _____

Address: _____

DOB: _____ Phone Number: _____

****If more than one guest instructor, please attach the ASP Supplemental Instructor Training Page. ****

The applicant by completing this form, affirms that he/she has successfully completed the training as required by A.C.A. §§17-40-208 et seq. and the Arkansas State Police Licensing Rules.

Signature of Applicant: _____

Guest instructors can be utilized to teach training requirements under the guidance and supervision of a registered Training Administrator. If a guest instructor teaches any portion of the required training the credentialed Training Administrator or Assistant Training Administrator must be present during instruction and must also sign this form.