DUI Alcohol or Drug Use Risk Reduction Program Instructor Checklist

- ☐ All applicants must sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ All applicants are required to complete all sections of the application.
- ☐ All applicants must undergo a fingerprint-based background check. Refer to the attached fingerprint instructions (RC-GAPS-999) for more information. All applicants must use the Georgia Applicant Processing System (GAPS).
- ☐ All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ Submit (1) photograph taken within 30 days of application submission.
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed except Georgia.
- ☐ Review the upcoming training dates and application submission periods listed in Section 6. Application submitted outside the submission timeframe will be rejected. The training fee due to PRI is $700.00 *(do not submit with this application).*
- ☐ Submit a copy of an official college transcript.
- ☐ Submit documentation of relevant work experience on company letterhead, signed by a person of authority. The documentation must include dates worked, duties performed, subjects or programs taught and hours per week worked. *Résumés will not be accepted as proof of work experience.* Education/work experience requirements must be met by ***one*** of the following methods:

METHOD #1	Undergraduate or graduate degree from an accredited college or university in a human services related field including, but not limited to: Education, Chemical Dependence Administration, Community Mental Health, Counseling/Guidance, Criminal Justice, Nursing/Medicine, Occupational Therapy, Psychology, Social Work, Sociology, Rehabilitation Counseling, Vocational Counseling, etc. *No additional documentation required.*		
METHOD #2	Undergraduate or graduate degree from an accredited college or university in any field of study	***PLUS***	2 years of documented work experience (20 hours per week or more) as a teacher, counselor, or trainer.
METHOD #3	Undergraduate or graduate degree from an accredited college or university in any field of study	***PLUS***	3 years documented part-time experience as a teacher or trainer.
METHOD #4	At least 2 years of full-time work experience as a licensed, certified, or credentialed substance abuse counselor ***and*** a copy of high school diploma, or GED.	***PLUS***	6 months of documented experience as a group counselor or group facilitator.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents which are required to be attached for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed.

STATEMENT OF ACKNOWLEDGEMENT

I understand I must be approved by the DDS to attend the Prevention Research Institute (PRI) instructor course. The training course is provided by PRI and a $700.00 fee will be due on the first day of training. Furthermore, I understand my application may be rejected if it is submitted outside the submission periods. If I am approved to attend the training and fail to attend, I understand my application will be denied and I must reapply.

_____

Printed Name **Legal Signature** **Date**

Please submit application and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.

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IMPORTANT NOTICE

Please be mindful that the most commonly omitted items from the New DUI Instructor Application are:

- ☐ Official High School or College Transcript
- ☐ Notarized Consent for Background Investigation Form (Form # RC-900)
- ☐ Georgia Applicant Processing System (GAPS), the fingerprint-based background check

NOTE: Incomplete applications or applications lacking the necessary paperwork will result in your application not being processed or create a delay in processing time.

DUI Alcohol or Drug Use Risk Reduction Program Instructor Application

SECTION 1: Applicant Information

Last Name | First Name | Middle Name | Suffix

Date of Birth | Driver's License # | State of Issuance | Social Security #

Home Address | City | County | State | Zip Code

Mailing Address ☐ **Same as above** | City | County | State | Zip Code

Home Phone Number | Cell Phone Number | Work Phone Number

Each applicant must provide a secure, individual email address that only the applicant can access. The Department will use this email address for official purposes. The applicant should check the email account during the certification process

**Email Address

1.1 Have you been fingerprinted within the past six (6) months for any other DDS program (i.e. driver training, driver improvement)?
☐ Yes ☐ No

1.1.1 If you answered "Yes" to question 1.1, indicate in the space provided below the program(s) for which you were fingerprinted and the date(s).

Program(s) | Date(s)

1.2 Are you currently, or have you ever been, certified by DDS as a risk reduction program owner, director or instructor in the state of Georgia?
☐ Yes ☐ No

1.2.1 If you answered "Yes" to question 1.2, list your certification number or the program name(s):

1.3 Are you currently, or have you ever been, certified by DDS as a driver improvement or driver training owner or instructor, or an ignition interlock operator, or an alcohol and drug awareness (ADAP) instructor?
☐ Yes ☐ No

1.3.1 If you answered "Yes" to question 1.3, indicate your certification type(s) and certification number(s):

1.4 Have you ever been certified by Prevention Research Institute, Inc. (PRI) to instruct any of their curricula?
☐ Yes ☐ No

1.4.1 If you answered "Yes" to question 1.4, provide the name of the curriculum you were certified by PRI to instruct and the date you received that certification.

Name of Curriculum | Version | Date Certified

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SECTION 2: Applicant Qualifications

2.1 Are you at least 21 years of age?
☐ Yes ☐ No

2.2 Are you a United States citizen?
☐ Yes ☐ No

2.2.1 If you answered "No" to question 2.1, are you legally present in the United States?
☐ Yes ☐ No

2.2.2 Applicants that are not citizens of the United States must submit proof of lawful presence with application.

2.3 Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
☐ Yes ☐ No

2.4 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?
☐ Yes ☐ No

2.5 Are you currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
☐ Yes ☐ No

2.6 Do you have a spouse that is employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?
☐ Yes ☐ No

2.7 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?
☐ Yes ☐ No

2.8 If you answered "Yes" to 2.3, 2.4, 2.5, 2.6, or 2.7 please give additional details:

_____
Name of Agency, Court, or Company Title

_____
Job Duties and Employment Dates

SECTION 3: Criminal History

3.1 Have you ever been convicted of or plead guilty or *nolo contendere* to any crime which constitutes a felony in this or any other state?
☐ Yes ☐ No

3.2 Have you been convicted of or plead guilty or *nolo contendere* to any misdemeanor involving fraud, dishonesty, or deceit within the ten (10) year period preceding the date of this application in this or any other state?
☐ Yes ☐ No

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3.3 Have you been convicted of or plead guilty or *nolo contendere* to any other misdemeanor, including driving under the influence, within the five (5) year period preceding the date of this application in this or any other state?
☐ Yes ☐ No

3.4 Are you currently on probation for any criminal offense in this or any other state?
☐ Yes ☐ No

3.4.1 If you answered "Yes" to question 3.4, give the nature of probation in the area below.

Offense	State and County	Date
Offense	State and County	Date

3.5 Are there any criminal charges currently pending against you?
☐ Yes ☐ No

3.5.1 If you answered "Yes" to question 3.5, provide the nature of the charges below.

Charge	State and County	Date
Charge	State and County	Date

3.6 In the space provided below, list your complete criminal history for the previous ten (10) years, including charges that were dismissed, nolle prossed, or no-billed.

Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition
Offense	State and County	Date	Disposition

3.7 Have you received a pardon for any of the offenses listed in question 3.6 above?
☐ Yes ☐ No

3.7.1 If you answered "Yes" to question 3.7, attach a copy of the pardon.

SECTION 4: Driving History

4.1 Do you currently possess a valid driver's license?
☐ Yes ☐ No

4.2 In the area provided below, list your driver's license information for the past five (5) years, including any previous states.

Driver's License Number	State	Expiration Date	Years Licensed in State

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4.3 Is your driver's license or driving privileges currently cancelled, suspended, or revoked in this state or any other jurisdiction?
☐ Yes ☐ No

4.4 Are there any *pending* cancellations, suspensions, or revocations against your driver's license?
☐ Yes ☐ No

4.5 Has your driver's license been cancelled, suspended, or revoked within the past five (5) years?
☐ Yes ☐ No

4.5.1 If you answered "Yes" to question 4.5, list the state(s) that revoked, suspended, cancelled, or denied your driver's license and the reason(s).

State	Reason	Date

4.6 In the space provided below, list your complete driver's history for the previous five (5) years, including pleas of *nolo contendere*.

Offense State and County Date Disposition

Offense State and County Date Disposition

Offense State and County Date Disposition

4.7 Are there any traffic charges currently pending against you?
☐ Yes ☐ No

4.7.1 If you answered "Yes" to question 4.7, provide the nature of the charges below.

Charge State and County Date

Charge State and County Date

SECTION 5: Educational Experience

Name of High School	City/State	Diploma Obtained	GED	Date Obtained
		☐ Yes ☐ No	☐ Yes ☐ Not applicable	
Name of College/University	**City/State**	**Degree Obtained**	**Major Field of Study**	**Dates Attended**
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

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SECTION 6: Training Class Selection

6.1 Select the training class you wish to attend. Applications will be rejected if no training class is selected, or if the application is submitted outside the submission time frame. Apply early as seating is limited.

Select only one training date:

- ☐ January 14 – 16, 2014
  Training location: Duluth, GA
  Submission period: December 9, 2013 to January 3, 2014
- ☐ April 1 – 3, 2014
  Training location: Warner Robins, GA
  Submission period: February 24 to March 21, 2014
- ☐ June 25 – 27, 2014
  Training location: Jekyll Island, GA
  Submission period: May 12 to June 13, 2014
- ☐ July 8 – 10, 2014
  Training location: Duluth, GA
  Submission period: May 26 to June 27, 2014
- ☐ October 7 – 9, 2014
  Training location: Duluth, GA
  Submission period: August 25 to September 26, 2014

SECTION 7: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations and operations guidelines.

I understand that DDS will list my name and address as public record.

I hereby authorize the release to DDS of any information necessary for the determination of my application for instructor certification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

_____

Legal Signature **Date**

Sworn to and subscribed before me

this ____day of _____20____. **(SEAL)**

_____

Notary

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013
CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND ☐ DRIVER'S HIST P F ☐ CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)			
☐ DUI Risk Reduction	☐ Owner	☐ Director	☐ Instructor
☐ Driver Improvement	☐ Owner	☐ Instructor	
☐ Driver Training	☐ Owner	☐ Instructor	
☐ Third Party	☐ Tester	☐ Examiner	
☐ Ignition Interlock	☐ Owner/Operator		
☐ Chauffeur			
☐ Commercial Veh. Training School	☐ Owner	☐ Instructor	
☐ Motorcycle Safety	☐ Coach		

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature Date

My commission expires:

Georgia Applicant Processing System (GAPS)

All persons applying with the Georgia Department of Driver Services (DDS) to become certified in any of the following regulated program areas must utilize the Georgia Applicant Processing System (GAPS) to satisfy the statutorily required fingerprint-based criminal history check. *Fingerprint results obtained from any source other than the approved GAPS process will not be accepted.*

GAPS consists of numerous locations throughout the State of Georgia that have been authorized by the GCIC and Cogent Systems to use LiveScan devices to electronically capture and transmit fingerprints to the GCIC through a secure web-based environment. Criminal history search results, in most cases, will return within 24 to 48 hours following submission of fingerprints, decreasing the overall amount of time it takes for DDS to process your application for certification.

Additional information regarding GAPS processes, policies, fees, and print locations may be found at *www.ga.cogentid.com*.

IMPORTANT: By the time you submit your application you should already have your fingerprints done through GAPS. You will not receive notification from DDS to proceed with your fingerprinting.

FINGERPRINT INSTRUCTIONS

Step 1: Select the GAPS location of your choice.

- Go to the following website: http://www.ga.cogentid.com/index.htm
- Under the "Print Site Locations" section, click on the "Print Site & Locations" option.
- All authorized GAPS locations are depicted on an interactive map of Georgia. You may mouse over and click on any of the locations depicted on the map to obtain more detailed information about individual GAPS sites, including the name of the participating business, address, and telephone number.

Step 2: Register.

- Under the "Registration" section, click on the "Single Applicant Registration" option. From here, you can begin the registration & payment process.
- Complete the web form with your personal data and payment information. Mandatory fields are highlighted in yellow.
- Please be advised that although the use of your Social Security Number is optional, if you do not submit your SSN, the GAPS location will not be able to confirm your registration if you forget to bring your confirmation receipt. In addition, you will not be able to print a replacement receipt. Therefore, you are strongly encouraged to use your Social Security Number.
- Under Transaction Information, be sure to choose the correct reason for being fingerprinted. DDS programs are grouped together with the prefix "DDS Regulated Programs". Based on the certification you are seeking, use the following reason code and verification code:

- **Driver Training School Owner or Third Party Tester**:
  Reason Code: DDS Regulated Programs (DT Owner)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Driver Training Instructor or Third Party Examiner**:
  Reason Code: DDS Regulated Programs (DT Instructor)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Driver Improvement Instructor or Owner**:
  Reason Code: DDS Regulated Programs (DI)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **DUI Alcohol or Drug Risk Reduction Instructor, Director or Owner**:
  Reason Code: DDS Regulated Programs (DUI)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Limousine Chauffeur Endorsement**:
  Reason Code: DDS Regulated Programs (Chauffeur)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- **Ignition Interlock Provider Center Owner or Installer**:
  Reason Code: DDS Regulated Programs (IIP)
  ORI/OAC – GA922983Z; Verification Code – 922983Z

- Leave the checkbox unchecked for the question of "Does another agency make the fitness determination?"
- Customers may choose between three methods of payment: credit card, money order, or cashier's check.
- Money orders and cashier's checks must be made payable to "Cogent Systems" and should be taken to the GAPS location.
- Fees for all the DDS regulated programs are $52.75. A link for the fees can be found under the "General Information" section on the GAPS website below:

  http://www.ga.cogentid.com/index.htm
- *Cash and personal checks are not accepted.*

Step 3: Print your Receipt.

- Print Step 4 *on the screen* and keep a copy for your records. It should have at the top – "Applicant Registration, Step 4 – Registration Complete, Thank you for Registering".
- If you lose your registration receipt, you can obtain a replacement under the "Registration" Section using the "Registration Receipt" link.

Step 4: Go to the GAPS location as scheduled to be fingerprinted.

- On the date of your fingerprinting, be sure to call ahead to the GAPS location you plan to visit to confirm their business hours, the hours they do fingerprinting, and that a trained individual is going to be available.
- Be sure to take with you all of the items listed under the "Identification Needed for Fingerprinting" link under the "Print Site Locations" section.