

SMD Instructor Recertification Form

Please upload this form during the Recertification process in ACADIS.

Please complete the correct section of the recertification. Remember you must have taught 2 classes in some capacity **OR** completed 3 proficiencies over the three year period. Please type or write information legibly

Section A.) SMD Operator Classes to	aught. Any class that yo minimum of	ou were Lead, Assistant, or Adju 4 hours)	nct Instructor (taught
	Class Start Date	Class End Date	Location Class was Held	Lead/Asst./Adjunct?
#1		0.000 = = 0.00		
#2				
	•			'
Section B.) R	•		ency completed and then PROPE ies of these must be maintained	
	Road Prof Date	Student Name		Student Academy #
#1				·
#2				
#3				
met the	e minimum requirement p	olease contact Ryan Th PNMacisco@sccja.sc.	reatt at RRThreatt@sccja.sc.gov gov immediately	or Paul Macisco at
	•		s in any of the provided documentar m receiving training and/or holding	
Printed Name		Signature		Date: / /