Alaska Scientific Crime Detection Laboratory

 Breath Test Operator Certification/Recertification Form

Effective: 1/17/2024 Version: 6.3

**Notice of Course Occurrence**

**Submit this form at least 2 business days prior to course date to allow for Portal registration.**

**Online examination must be completed within (1) month of in person instruction.**

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| BTO #(if known) | First Name, MI, Last Name | Operator Email | Agency |
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By signing below, I certify that:

* I am currently an approved breath test operator training instructor
* The current approved training program issued by the Scientific Director will be used
* All attendees will be present for at least 4 hours of training and instruction
* Attendees completed the exam independently without the use of course materials

# Course Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor’s Signature BTO Number

Instructor’s Printed Name Date

Instructor’s Email Contact Number

Email completed form to **dps.scdl.toxicology@alaska.gov**

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All printed copies are uncontrolled. Approved by: Chemistry Supervisor

**Course Evaluation**

# (Optional, to be filled out by course instructor)

1. Where there any exam questions you felt weren’t adequately covered in the course materials?
2. What topic did the operators need the most help with?
3. What information/topics would you like to see more or less time devoted to?
4. What changes would you suggest to improve the course?
5. Other comments?