

CLEET ACCREDITATION RÉSUMÉ
Oklahoma Department of Corrections

Name

CLEET # (if applicable)

Phone

Email

Career Résumé (please list position and tenure)

Present position

Previous Position

EDUCATION	NAME & LOCATION	DATES ATTENDED	HOURS COMPLETED	DEGREES & MAJORS

Registration, certification, or licensure:

Granted by:

Effective Dates:

Qualifying experience (list only jobs that include relevant experience), beginning with most recent:

EMPLOYER & LOCATION	POSITION HELD	DATES EMPLOYED	DESCRIPTION OF DUTIES

Please attach additional pages as needed.

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Professional training and/or instructor certifications held:

CLEET instructor certifications held (check all that apply. This only applies to CLEET certified instructor training):

Certification Date

<input type="checkbox"/> Basic Instructor	<hr/>
<input type="checkbox"/> Defensive Tactics/Custody Control	<hr/>
<input type="checkbox"/> Firearms Instructor	<hr/>
<input type="checkbox"/> LEDT (Driver Training)	<hr/>
<input type="checkbox"/> First Aid/CPR	<hr/>
<input type="checkbox"/> Radar Instructor	<hr/>
<input type="checkbox"/> Other (please specify): <hr/>	<hr/>

(R 04/25)