

DUI Alcohol or Drug Use Risk Reduction Program Instructor Application

- Review the DUI Alcohol or Drug Use Risk Reduction Program Rules & Regulations, Qualifications for Program Instructors (375-5-6-.06) and Program Instructor Application, Certification, and Recertification Requirements (375-5-6-.09). DUI Risk Reduction Program Rules and Regulations can be accessed through the DDS website (dds.georgia.gov).
- Review the upcoming training dates and application submission periods listed in Section 4. **Applications submitted outside the submission timeframe will be rejected.** The training fee due to PRI is \$700.00 (*do not submit with this application*).
- All applicants must sign the Statement of Completion and Statement of Acknowledgement at the bottom of this page and include this page with the application.
- All applicants are required to complete all sections of the application.
- All applicants must undergo a national and state fingerprint-based criminal background check using the Georgia Applicant Processing System (GAPS) (<https://www.aps.gemalto.com/ga/index.htm>). Refer to the attached fingerprint instructions (RC-GAPS-999) for more information.
- All applicants must submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- 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.
- 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	<u>PLUS</u>	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	<u>PLUS</u>	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 <u>and</u> a copy of high school diploma, or GED.	<u>PLUS</u>	6 months of documented experience as a group counselor or group facilitator.

NOTE: Official college transcripts are required if qualifying under Method #1, #2, or #3. Documentation of relevant work experience is only required if qualifying under Method #2, #3, or #4. Documentation of relevant work experience must be on company letterhead and signed by a person of authority. The documentation must include dates worked, duties performed, subjects or programs taught and hours per week worked. *Resumes will not be accepted as proof of work experience.*

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 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 rejected 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 Eastview Parkway
Conyers, GA 30013**

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



SECTION 1: *Applicant Information*

Last Name	First Name	Middle Name	Suffix
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Date of Birth	Driver's License #	State of Issuance
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Home Address	City	County	State	Zip Code
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Mailing Address	<input type="checkbox"/> Same as above	City	County	State	Zip Code
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Home Phone Number	Cell Phone Number	Work Phone Number
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****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 improvement, driver training)?

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)
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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

Note: *Applicants that are not citizens of the United States must submit proof of lawful status with the application.*

2.3 Are you currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?

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 Behavioral Health and Developmental Disabilities?

Yes No

2.5 Are you currently under a contractual agreement to provide services or affiliated with an entity that provides services to the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Behavioral Health and Developmental Disabilities?

Yes No

2.5.1 If you answered "Yes" to question 2.5., please list the nature of the contractual agreement and the entity if applicable:

2.6 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

2.7 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

2.8 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

2.9 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: *Educational Experience*

Name of High School	City/State	Diploma Obtained?	GED?	Date Obtained
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	
Name of College/University	City/State	Degree Obtained?	Major Field of Study	Dates Attended
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		



SECTION 4: *Training Schedule*

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 timeframe. Apply early as seating is limited.

Select only one training date:

- January 21-23, 2020
Training location: Duluth, GA
Submission period: *December 16, 2019 - January 3, 2020*
- April 21-23, 2020 (**Postponed – New Dates TBD**)
Training location: Warner Robins, GA
Submission period: *February 24, 2020 - March 13, 2020*
- June 9-11, 2020 (**Cancelled**)
Training location: Jekyll Island, GA
- October 20-22, 2020
Training location: Duluth, GA
Submission period: *September 14, 2020 - October 2, 2020*

SECTION 5: *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 and submit all reports and information as specified in the DDS rules and regulations.

I understand that in accordance with O.C.G.A. §40-5-82 (e) any applicant who has ever been convicted of a felony or who has been convicted, in custody or under supervision for any other crime involving violence, a crime of moral turpitude or a pattern of misdemeanors that evidences a disregard for the law in the ten (10) year period preceding application will not be approved unless he or she has received a pardon and can produce evidence of same. A plea of nolo contendere and “first offender” sentences imposed pursuant to O.C.G.A. §42-8-60. et seq., shall be considered convictions. A conviction for a dangerous sexual offense, as defined in O.C.G.A. §42-1-12, or a criminal offense committed against a victim who was a minor at the time of the offense shall result in the applicant’s permanent disqualification from eligibility.

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.

Printed Name	Legal Signature	Date
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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 <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)			
<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> For-hire License Endorsement			
<input type="checkbox"/> Commercial Veh. Training School	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Motorcycle Safety	<input type="checkbox"/> 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
Have you held any other driver's license(s) in the past 5 years? 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, or plead nolo contendere to any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years? Yes No

Have you ever served time for any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system? within the past ten (10) years? Yes No

Have you ever been on probation or parole for any crime, whether felony or misdemeanor, in this state, in any other state, or in the federal system within the past ten (10) years? Yes No

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

If you answered "yes" to any of the above, please note the offense, date and location below:

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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 national and state 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 regulated program areas listed below must use the **Georgia Applicant Processing System (GAPS)** to satisfy the statutorily required national and state fingerprint-based criminal history check.

- **Driver Training School Owners/Directors/Instructors**
- **Driver Improvement School Owners/Instructors**
- **DUI/Risk Reduction School Owners/Directors/Instructors**
- **Third Party Testers/Examiners**
- **Ignition Interlock Provider Center Owners**
- **For-Hire Driver Endorsement**
- **Commercial Vehicle Driver Training School Owner/Instructor/Tester/Examiner**

NOTE: Fingerprint standards set forth by the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC) prevent DDS from downloading fingerprint results until a certification application is submitted. In addition, fingerprint results are only available to DDS for download for 30 days. **THEREFORE, you should not start this fingerprinting process until you have submitted a certification application to DDS. If you have been fingerprinted through GAPS for any DDS regulated program within the past 6 months, your fingerprint results may be used for any additional application(s) submitted for DDS regulated programs during that 6-month period. Please indicate on your application the date you were previously fingerprinted.**

There are several locations throughout the State of Georgia that have been authorized by the NCIC, the GCIC and Gemalto 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. Fingerprint results obtained from any source other than the approved GAPS process will not be accepted.

Out-of-state applicants may choose to submit fingerprint cards for an additional charge of \$8. Registration is still required through the GAPS website. Please review the "How to Submit Ink Cards" section on the GAPS Home page for detailed instructions.

Additional information regarding the GAPS process, policies, fees, and print locations may be found at <https://www.aps.gemalto.com>.

FINGERPRINT INSTRUCTIONS

Step 1: Select the GAPS location of your choice.

- Go to the following website: <https://www.aps.gemalto.com/ga/index.htm>
- Click on the "Find A Fingerprint Location" option.
- All authorized GAPS locations are depicted on an interactive map of Georgia. You may click on any location depicted on the map to obtain more detailed information about individual GAPS sites, including the name of the participating business, address, and telephone number. You may also use the Google Map feature which will show sites located near your current location and provide directions.

Step 2: Register.

- From the GAPS Georgia Home page, click on the "Applicant Registration" option. This will take you to a page with a listing of multiple agencies.
- Click on the "Department of Driver Services (DDS)" button. You will be taken to the DDS landing page with our contact information. Click on the "Register to be Fingerprinted" button.
- Read the Privacy Rights and click the box to accept the terms. Click "Continue."
- Select your Reason Code from the dropdown box (CDL and Motorcycle Safety Coaches should use the DT reason codes). Complete the web form with your personal data and payment information. You must pay by money order or credit card. 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.
- Money orders must be made payable to "Gemalto Cogent, Inc." and should be taken to the GAPS location.
- Fingerprinting fees for all DDS regulated programs are \$49.25. A link for the fees can be found under the "Fees" section at the bottom of the GAPS Georgia Home page. **Cash and checks are not accepted.**
- Once all information has been entered, click "Continue." Review your information and if everything is okay, click "Submit."

Step 3: Print your Receipt.

- A screen appears prompting you to either print your registration receipt or email it.
- If you lose your registration receipt, you can obtain a replacement under the "Reprint Registration Receipt" section located on the GAPS Georgia Home page.

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 review the FAQ section on the GAPS Georgia Home page for information regarding what forms of identity are required for you to be fingerprinted.