



UTAH COUNTY SHERIFF'S TEACHERS ACADEMY

Course Outline

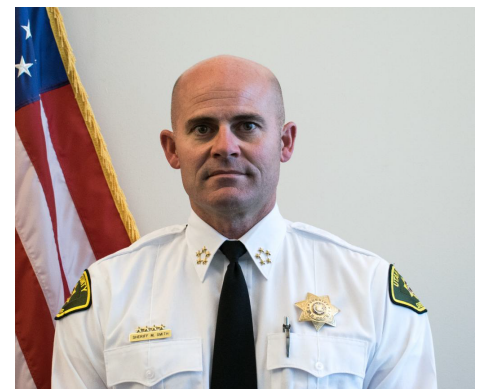
This is an 20 hour course designed to cover critical skills needed in an active shooter event. You will be briefed on lessons learned from active shooter incidents around the country and world. Law enforcement, self-defense, and medical professionals will teach skills that are designed to save lives.

Specific topics that will be covered:

- Tactical Emergency Medical Techniques
- Weapons Familiarization
- Utah Concealed Carry Certification
- VirTra Simulator Training
- Tactical De-Escalation
- Self-Defense
- Live Fire Range Day
(shooting skills & qualification course)

“School safety is of the utmost importance to me and the sheriff’s office. We are excited to provide this level of training to our educators. Many times people fail to act in critical incidents because they have never been taught how to act. The skills taught in this class are designed to teach you how to act and how to save lives.”

SHERIFF MIKE SMITH



DATES:
Sept.: 4,11,18,25
Oct.: 2,5

CONTACT:
SHERIFF MIKE SMITH
MIKES@UTAHCOUNTY.GOV

INSTRUCTORS

SHERIFF SMITH
UCSO SWAT Instructor

UNDER SHERIFF BUFTON
UCSO SWAT Instructor

DR. SANDERSON
ER Trauma Doctor

TYLER NELSON
Paramedic

SGT. RADMALL
USCO Firearms Instructor

DAVE ACOSTA
Force on Force Instructor

DEP. MORTENSON
USCO Firearms Instructor

DEP. ROBERTSON
USCO Firearms Instructor

LT. JEFF JONES
Negotiator



RANGE DAY ATTIRE

- Long pants
- Closed toe shoes
- Light weight gloves
- Hat

COURSE REQS

- School teacher or Admin
- Course Fee \$20.00
- Signed waiver
- Criminal history check

CCW PERMIT (optional)

- Must be 21 years old
- Photocopy of drivers license
- Photo / Fingerprints
- \$53.25 State fee



DAY 1 - 9/04/19 - 6pm - USCO
Welcome & Intro
Active Shooter Response

DAY 2 - 9/11/19 - 6pm - USCO
Tactical De-escalation

DAY 3 - 9/18/19 - 6pm - USCO
Concealed Carry Class
Weapon Familiarization
Photo & Fingerprints

DAY 4 - 9/25/19 - 6pm - Provo
Self Defense
ViraTra Simulator

DAY 5 - 10/02/19 - 6pm - USCO
Tactical Medical Technique
Stop The Bleed

DAY 6 - 10/05/19 - 9am - Thistle Range
Live Fire Range Day



UTAH COUNTY SHERIFF'S OFFICE

SHERIFF

MICHAEL L. SMITH

APPLICATION FOR TEACHER'S ACADEMY

Personal Information

Date _____

Name: _____

Date of Birth _____ Social Security Number: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone #: _____

Email address: _____

Are you 18 years of age or older? Y___N___

Do you have a valid Utah Driver License? Y___N___ Driver License#: _____

Do you own a pistol to use on range day? Y___N___ If yes what caliber? _____

T-Shirt Size _____

Have you ever been convicted of a Felony? Y___N___

If yes, please explain:

***Registration fee \$20. Please make checks to: Utah County Sheriff's Honorary Colonels**



UTAH COUNTY SHERIFF'S OFFICE

SHERIFF

MICHAEL L. SMITH

TEACHER'S ACADEMY BACKGROUND CHECK WAIVER

Participants in the program will have some access to secure areas of the Utah County Sheriff's Office and use of Utah County-owned equipment including vehicles and weapons on a supervised basis. As an applicant for the Utah County Sheriff's Teacher's Academy, I recognize that a general background check may be conducted for wants or warrants including criminal history information. I hereby give my permission for officers, agents or designees of Utah County Sheriff's Office to perform these records checks for the sole purpose of maintaining the safety and security of the Utah County Sheriff's Office as well as the public. I understand that any information obtained will not be used for any purpose other than to maintain the integrity of the program and not in connection with any criminal investigation.

Dated this _____ day of _____, 20_____

Signature of Applicant



UTAH COUNTY SHERIFF'S OFFICE

SHERIFF

MICHAEL L. SMITH

TEACHER'S ACADEMY WAIVER

I agree to release and hold harmless Utah County, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff from any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees from the cost of any medical care that I receive while participating in, or as a result of the Teacher's Academy.

I further agree to release and hold harmless Utah County, its agencies, departments, officers, employees, agents, (entity and persons as appropriate) and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions, and causes of actions whatsoever for any loss claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me arising out of any and all activities associated with my participation in the Teacher's Academy.

I further agree to hold harmless, and hereby release the above-mentioned entities and persons from all liability, negligence, or breach of warranty associated with injuries or damages from any claim by me, my family, estate, heirs, or assigns from or in any way connected with the aforementioned activities.

CONSENT

Consent is expressly given, in the event of injury, to treat me for any emergency medical aid, anesthesia, and /or operation, if in the opinion of the attending physician, such treatment is necessary.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER ALL OF MY PARTICIPATION IN THE TEACHER'S ACADEMY SPONSORED BY THE UTAH COUNTY SHERIFF'S OFFICE. I UNDERSTAND I AM SUBJECT TO A CRIMINAL HISTORY BACKGROUND CHECK AND GIVE THE UTAH COUNTY SHERIFF'S OFFICE AUTHORITY TO CONDUCT A CRIMINAL HISTORY CHECK.

NAME OF PARTICIPANT _____ DATE _____

PARTICIPANT SIGNATURE _____