Application to Format Your Organizations Training Program to Meet Division of Alcohol and Tobacco Control Server Training Requirements







If your organization is intending to provide training to Missouri Sampling Service Employees and you want these employees to receive education hours that can be used to meet their Section 311.297.3(2), RSMo education requirement; then your program/course must be pre-approved by ATC before the training is presented.

You must provide the following information (A through F) in order to get your program approved:

- A. Course/Provider Information for Training (page 3) This form contains information on your agency/organization, your attendance policy, evaluation plan, and the total number of hours the training takes.
- B. Instructor Records (page 5) This form is to be filled out on each instructor that will be teaching the course.
- C. Objectives of the Course (page 6) This form is to be used to identify the course objectives.
- D. Instructor's Lesson Plan (page 7) A lesson plan should contain, at a minimum, all of the information covering the course objectives. The lesson plan should be detailed sufficiently that another instructor, with like expertise, with some preparation, could teach the course. An outline will not be accepted as a lesson plan. The course objectives must be clearly identified in the lesson plan.
- E. Source Document Information for Course (page 8) This form is to be used to identify sources of information the instructor used to develop the course.
- F. Example of Certificate of Course Completion (page 9) This example contains all of the information that is required of an ATC certificate of course completion. The certificate can look different, but it must contain all of the components. (Submit a copy of the Certificates to ATC)

Please submit all of the above information to:

Division of Alcohol and Tobacco Control, 1738 East Elm Street, Lower Level, Jefferson City, MO 65101

Please Allow 30 Days for Processing

The Training Course Requirement Checklist (page 10) should be used as a final check before sending your course information to ATC.

Course Attendance Sign-In sheet (page 4) is to be used to ensure proper attendance throughout the course.

If you have any questions, contact ATC at the above address, call (573)-751-2333, or email <u>keith.hendrickson@dps.mo.gov</u>.





ORGANIZATION INFORMATION Organization Name Telephone Number () () Fax Number Address () City City State Contact Person/Administrator Telephone Number () Telephone Number () E-mail Address (Required) Course Title Vebsite

Attendance Policy

To successfully complete a course used to meet the Missouri Division of Alcohol and Tobacco Control Server Training requirement, Attendees absence **must not** be allowed for any reason, valid or otherwise. Each individual attending this course will sign the Attendance Sign-In Sheet, (see attached example) upon arrival to the class. No attendee may sign for another individual other than himself or herself.

Individuals who do not attend the complete hours of instruction will not receive credit for this course, and the Certificate of Completion will be denied.

Evaluation Plan

Each hour of training must have a minimum of 50 minutes of class time. Each hour of instruction equals to 1 hour of Server Training credit. What does the Attendee have to do to successfully complete this course? (check the appropriate boxes)

Attendance & participation Written Test Oral Test Practical Exercise

Total Hours of Training (indicate the number of hours Received):

No. of Hours

Training focuses on updates or familiarization concerning the State Liquor Control Laws.

Name of Course		
Organization		
Location	Date	
Instructors Name	ATC Control Number	
NAME (PRINT)	NAME (PRINT)	
st that the above signatures are true, and all signed uction at a.m./p.m. Instructor's Signature _	l individuals were accounted <u>for prior to beginning of</u>	
st that the above signatures are true, and all signed	l individuals were accounted for at the end of	

INSTRUCTOR RECORD

Instructor Information

Last Name:	First Name:	Middle Initial:
Address:	City:	State and Zip:
Phone:	Work Phone:	Pager or Mobile:
Fax Number:	E-Mail Address:	Miscellaneous

Instructor Experience

Course Being Taught

List below the expertise, education and training that qualifies you to instruct this course. (Must attach qualifying certificates or any relevant secondary or third-party licenses.)

References – list who can best attest that you are qualified to teach this course

1 st Reference Name and Address	Phone
2 nd Reference Name and Address	Phone
3 rd Reference Name and Address	Phone

Instructor Attestation

I certify that all of the above is accurate to the best of my knowledge

Instructor Signature _____ Date_____

OBJECTIVES OF THE COURSE

CO	URSE	TITLE

NOTE: Examples of measurable objectives are terms such as list, define, identify or demonstrate. The terms learn, know and discuss are not good measurable terms.

Example: The student will be able to define the elements of a valid ID.

<u>OBJECTIVES OF COURSE</u>: At the end of this Server Training course, the student will be able to:

OBJECTIVE	NO. OF HOURS
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14	

IMPORTANT – The course objectives must be clearly identified in the lesson plan. See Page 11 for examples of course objectives.

INSTRUCTOR'S LESSON PLAN

A lesson plan should contain, at a minimum, all of the information covering the course objectives. The lesson plan should be detailed sufficiently that another instructor, with like expertise, with some preparation, could teach the course. An outline will not be accepted as a lesson plan.

SOURCE DOCUMENT INFORMATION FOR COURSE

COURSE TITLE

AUDIO-VISUAL MATERIALS USED (title, catalog number, format, year of publication): (This must be submitted with the application.)

TEXT/PUBLICATIONS REVIEWED IN CLASS (title, publisher, year of publication, pages/chapters used): (If manual, workbook, etc. are used by the instructor or student, they must be submitted with application.)

HANDOUT MATERIALS DISTRIBUTED (title, author, source, year of publication.): (Must be submitted with application.)

REFERENCES USED TO DEVELOP COURSE/WRITE LESSON PLAN (title, edition, author, publisher, year of publication, pages/chapters used):

EXAMPLE

ORGANIZATION NAME

presents to

John Doe

Α

CERTIFICATE OF COMPLETION

Of _____ hours of Server Training education for

Course Title Placed Here

held on *January 01, 2012 Anywhere, Missouri*

The Division of Alcohol and Tobacco Control has approved this course for "Approved Provider" training credit, ATC Control Number ______.

Name of Person Responsible for Delivery of Training

Training Course Requirement Final Checklist

Check off when completed:

1. Information for Provider of Server Training Course

Name of the Organization Providing the Training (Name and Address) Organization contact person's phone number Attendance Policy (policy to state what the attendance is for the course, Sign-In sheets, affirmation of attendance, or the source used to prove attendance) Evaluation Plan (this is to state what the student has to do to successfully pass the course) Total hours of training

2. Instructor Record

Instructor Record (this will outline what qualifies the instructor as a "subject matter expert", training experience, certifications, etc., that qualifies them to teach this particular course)

3. Objectives of the course

Objectives of the course (this will state what the student will have learned at the end of the course)

4. Instructors Lesson Plan

Lesson Plan (will state exactly what the student will be taught, should be detailed enough that someone else could teach the course, and course objectives must be clearly identified in the lesson plan)

5. Source Document

Source Document information (source of information used to prepare the course)

6. Certificate

Each student is to receive a certificate/diploma that includes: (Submit a copy to ATC)

- a) Organization Name
- b) Students Name
- c) Number of contact hours (total)
- d) Name of course
- e) Number of hours in course
- f) Date and location of course
- g) The following statement must appear on the certificate/diploma: "The Division of Alcohol and Tobacco Control has approved this course for "Approved Provider" training credit, ATC Control Number ______."
- h) Name of Person Responsible for Delivery of Training

Name of Person Reviewing Course Requirement (PRINT)

Phone #

Date of Review

Minimum Course Objectives

Course objectives should include, at a minimum, all of the following to be considered for approval:

- 1. Statistics on the rate of underage drinking, both at the national and state level, as well as, the costs associated with underage drinking;
- 2. Risks associated with underage drinking to include, but not limited to the effects on the developing brain;
- 3. Missouri's Dram Shop law and its implications for servers of alcoholic beverages;
- 4. Use of force by Employees and the reporting requirements under the Division's Improper Acts regulation;
- 5. Discussion of the criminal sanctions for the sale of alcoholic beverages to minors and intoxicated individuals
- 6. Administrative sanctions for the sale of alcoholic beverages to minors and intoxicated individuals;
- 7. Review of the physical properties of Alcohol to include, but not limited to blood alcohol concentration (BAC), the effects of alcohol and/or drugs on driving performance and reasoning ability. How height, weight, gender, rate of consumption etc...affect BAC;
- 8. Techniques for identifying and dealing with potential over-service issues and refusal of service
- 9. Proper identification techniques and detection of false identification to include discussion of the good faith defense.
- 10. Hours of operation
- 11. Age of servers
- 12. Required Signage