OKLAHOMA STATE DEPARTMENT OF EDUCATION — CHAMPION EXCELLENCE

STATE AID SECTION
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

OKLAHOMA DRIVER EDUCATION
Instructor Certification, Assurances, and Permit (ICAP)

Each driving instructor must complete and return this form to the State Aid Section of the State Department of Education prior to instructing any Driver Education (DE) course. All regular semesters and summer sessions may be included on one form for each fiscal year (July 1 to June 30).

CODE: County #_____   District #_____   Site #_____   School Year: 20____ to 20____

Name of School: _____   **County Name:** _____

Administration Office Address: _____   **City:** _____ , **OK   ZIP:** _____

CERTIFIED INSTRUCTOR'S NAME: _____   _____
                                                                     Instructor's Date of Birth

_____   _____   _____   _____   _____
Teacher Number   OK Driver License #   Exp. Date of Teach. Cert.   DE Permit #   Exp. Date of DE Permit
                                                                     (Assigned by DPS)

*Enter the **number** of students per semester/session for this instructor. (You may estimate only if necessary.)* By entering the number of students for every semester/session to be taught during the entire fiscal year, this form will only have to be submitted one time annually for EACH INSTRUCTOR. Only dates on this form have been approved for this instructor.

Number of Students	During School Day	Before School Day	After School Day	Dates	
Summer Session I*				*(Completed after July 1st)* From:	To:
Semester I*				From:	To:
Semester II*				From:	To:
Summer Session II*				*(Completed by June 30th)* From:	To:

NOTE: A minimum of **30 hours** classroom and a minimum of **6 hours** actual behind-the-wheel driving in a driver education vehicle with a certified driver education instructor are required for each student. Driver Education "Rules and Regulations" can be found in the Standards for Accreditation available from the superintendent or principal of each district.

This form completed by: _____   Contact Phone Number: _____

Instructor's signature assures the State Department of Education (SDE) and the Department of Public Safety (DPS) that all preceding information is complete and accurate.

• **Certified Instructor's SIGNATURE:** _____   **Date:** _____

• SDE Approval: _____   Date: _____

• DPS Approval: _____   Date: _____