



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 1 st) From:	To:
Semester I*				From:	To:
Semester II*				From:	To:
Summer Session II*				(Completed by June 30 th) 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: _____

Contact Email: _____

Email of Superintendent: _____

Email of Certified Instructor: _____

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: _____