# IDAHO POST COURSE ATTENDANCE ROSTER

<table>
<tr><td rowspan="6">

**POST Staff use only.**

**Reconciled (Initials & Date)** _____
No Tuition to POST_____

_____  _____
Course Code #    Course Section #

POST Training Identifier - _____
*INVOICE Description Number*

_____  _____
Training Recorded    Regional Coordinator

</td><td colspan="2">**Agency Certified to Present Course**</td><td>**Location**</td><td>**City**</td><td>**State**</td></tr>
</table>

| Agency Certified to Present Course | | Location | City | State |
|---|---|---|---|---|
| **Title of Course** | | | | |
| **Date Course Given** From:         To: | | | **Time Course Given** From:         To: | |

For POST use only. Do not Mark.
Mark "x" here if the trainee did NOT complete the course

| Name of Trainee **(PLEASE PRINT!)** | POST ID Number **(If you are civil, leave blank)** | Agency **(Do not abbreviate City or County)** | Course Hours | | |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. | | | | | |
| 13. | | | | | |
| 14. | | | | | |
| 15. | | | | | |
| 16. | | | | | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. | | | | | |

| Name of Instructor (s) | POST ID Number | Department or Agency | Instructed Hours |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

**ROSTER MUST BE ENTERED VIA THE POST AGENCY PORTAL WITHIN 30 DAYS FOR CREDIT TO BE GIVEN. INSTUCTOR(S) PLEASE ENSURE THIS STEP IS COMPLETED.**

**SIGNATURE OF PERSON MAKING REPORT** _____

**PRINTED NAME** _____

**DATE**

_____

Page_____
Of

_____

Revised 02/21/2024