

APPLICATION FOR CERTIFICATION OF SCHOOL

This Application MUST be received 30 days prior to the start of the school.

RETURN THIS FORM TO YOUR POST REGIONAL TRAINING SPECIALIST.

Name of Course/School: _____

Dates: Start _____ Last Day _____ # of Course Hours _____

Daily Hours: Start _____ Hrs. Finish _____ Hrs. (Example: 0800-1700)

Is this Course open to outside Agencies? YES NO

If 'Yes' would you like POST to advertise it on their web page? YES NO

If 'Yes' please complete page 2 of this form and send it with your application.

Tuition: _____ Make Checks out to: _____

Location of School: _____

Telephone Number at School Site: _____

Course / School Coordinator: _____
(name) (rank)

Department: _____ Telephone: _____

Address: _____ State: __ Zip: _____

(Name & Department)

POST CERTIFIED:

Instructor(s): _____ YES NO

Instructor(s): _____ YES NO

Instructor(s): _____ YES NO

Instructor(s): _____ YES NO

(Use the back if more space is needed)

INSTRUCTIONS:

1. An outline MUST be attached to this application.
2. If an instructor is NOT a POST instructor, a resume SHALL be attached for that instructor.
3. Lesson Plans: For liability reasons, lesson plans MUST be attached OR permanently on file at your agency.
4. Use a POST attendance roster and submit it within seven (7) days of completion of the course/school to your POST Regional Training Specialist.

(School coordinator's Signature) (Date)

(Department Head's Signature) (Date)

=====

POST Regional Training Specialist: Approved Denied _____
(Date)

Reason for Denial: _____

REGION:		
Number:	<i>(To be assigned by POST)</i>	
Title:		
Description:		
Dates:		
Time:		
Credits:	<i>(To be assigned by POST)</i>	
Location:		
Cost:		
Deadline:		
Instructors:		
Registration:		
Remarks:		