

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 COORDINATOR

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: _____ Payments rendered to: _____

Location of School: _____

Course / School Coordinator: _____

Agency: _____ Telephone: _____

Address: _____ State: __ Zip: _____

Coordinator email address: _____

IDAHO 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)

ATTACHMENTS:

1. Course outline, description of subject matter, with a timeline of instruction, description of law enforcement personnel to be instructed;
2. If an instructor is not an Idaho POST certified instructor, a resume shall be attached for that instructor;
3. Lesson plan, all presentation materials, handouts, and other relevant instructional material(s). These items may be attached via a portable electronic storage device if necessary;
4. Submit an electronic roster within thirty (30) days of completion of the course/school to your POST Regional Training Coordinator.

(School coordinator's Signature)

(Date)

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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:		Payable To:
Deadline:		
Instructors:		
Registration:		
Remarks:		