

SELF-PACED TRAINING COURSE DEVELOPER RESUME

POST 2-125 (Rev 12/2012)

INFORMATION PRIVACY ACT: Pursuant to the Federal Privacy Act (Public Law 93-579) and the Information Practices Act (IPA) of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information. Failure to provide any part of the requested information may delay processing of this application or result in an incomplete record. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual for whom personal information is collected has the right to inspect that information in any record maintained by POST. Inquiries may be directed to the POST Information Practices Act Coordinator at the address listed above.

INSTRUCTIONS TO COMPLETE THE CERTIFICATION PACKAGE:

- 1) Course developers must complete, print, and sign this Developer Resume form (a separate form is required for each course submitted.)
- 3) Attach a completed Resume Worksheet ([POST Form 2-112](#)) for EACH individual assigned to develop the self-paced course identified below.
- 3) Attach ALL forms to the Self-Paced Training Certification Request ([POST Form 2-124](#)).

SECTION 1. COURSE DEVELOPER IDENTIFICATION

1. COURSE DEVELOPER		2. DATE SUBMITTED	
3. BUSINESS MAILING ADDRESS		CITY	STATE ZIP
4. BUSINESS PHONE NUMBER(S) Office: ()		5. BUSINESS EMAIL Cell: ()	
6. COURSE TITLE SUBMITTED FOR CERTIFICATION		7. COURSE NUMBER (IF KNOWN)	
8. TRAINING PRESENTER		9. POST PRESENTER NUMBER	

SECTION 2. KEY STAFF ASSIGNED – YOU MUST ATTACH POST FORM 2-112 FOR EACH INDIVIDUAL LISTED

CHECK N/A IF POSITION IS NOT PART OF THE DEVELOPMENT TEAM

10. PROJECT MANAGER	<input type="checkbox"/> N/A	Name:	Years Experience:
Highest Degree:	University/Institute:		
Major:	Location:		
Briefly describe other web-based development experience:			
11. INSTRUCTIONAL DESIGNER	<input type="checkbox"/> N/A	Name:	Years Experience:
Highest Degree:	University/Institute:		
Major:	Location:		
Briefly describe other web-based development experience:			
12. PROGRAMMER	<input type="checkbox"/> N/A	Name:	Years Experience:
Highest Degree:	University/Institute:		
Major:	Location:		
Briefly describe other web-based development experience:			

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SECTION 2. KEY STAFF ASSIGNED *cont*

CHECK N/A IF POSITION IS NOT PART OF THE DEVELOPMENT TEAM

13. GRAPHIC DESIGNER	<input type="checkbox"/> N/A	Name:	Years Experience:
Highest Degree:	University/Institute:		
Major:	Location:		

Briefly describe other web-based development experience:

14. QUALITY ASSURANCE	<input type="checkbox"/> N/A	Name:	Years Experience:
Highest Degree:	University/Institute:		
Major:	Location:		

Briefly describe other web-based development experience:


15. OTHER:	Name:	Years Experience:
Highest Degree:	University/Institute:	
Major:	Location:	

Briefly describe other web-based development experience:

16. OTHER:	Name:	Years Experience:
Highest Degree:	University/Institute:	
Major:	Location:	

Briefly describe other web-based development experience:

SECTION 3. AUTHORIZATION AND SIGNATURE

17. SUBMITTED BY	18. SIGNATURE		
Print Name:			
19. PRESENTER BUSINESS ADDRESS	CITY	STATE	ZIP
20. CONTACT NUMBER(S)	21. EMAIL ADDRESS – REQUIRED		
Bus:)	Cell:)		

**NOTE: BE SURE TO ATTACH ALL REQUIRED FORMS AND SUBMIT
REQUEST FOR CERTIFICATION FOR SELF-PACED TRAINING COURSE ([POST 2-124](#))**