

SAVE

RESET

PRINT

- INSTRUCTIONS:**
- 1) A completed form **MUST** be submitted for each Subject Matter Expert (SME).
  - 2) Attach this form to the *Self-Paced Training Course Certification Request* ([Form 2-124](#)).

**SECTION 1. COURSE AND SUBJECT MATTER EXPERT INFORMATION**

1. COURSE TITLE		2. COURSE DEVELOPER	
3. SME NAME (First, MI, Last, Suffix)		4. CURRENT OCCUPATION	5. CURRENT EMPLOYER (Primary)
6. BUSINESS MAILING ADDRESS Street: _____ City _____ ST _____		7. COUNTRY (If outside U.S.)	8. ZIP / MAIL CODE
9. CONTACT NUMBER ( ) Ext	10. BUSINESS EMAIL ADDRESS		

**SECTION 2. SUBJECT MATTER EXPERT EDUCATION AND BACKGROUND**

11. HIGHEST DEGREE OBTAINED	12. YR OBTAINED (YYYY)	13. MAJOR	14. EDUCATION/TEACHING CREDENTIAL <input type="checkbox"/> Yes <input type="checkbox"/> No
15. COLLEGE/UNIVERSITY NAME GRANTING DEGREE		16. CITY	17. STATE
18. LIST PROFESSIONAL LICENSE(S) OR CERTIFICATE(S) – Check box if license is relevant to course topic <input type="checkbox"/> 1) <input type="checkbox"/> 2)			
19. LIST LAW ENFORCEMENT OR OTHER EXPERIENCE INCLUDING ANY <b><i>DIRECTLY RELATED</i></b> TO COURSE TOPIC			20. NO. OF YEARS
1)			
2)			
3)			
4)			
5)			

**SECTION 3. SUBJECT MATTER EXPERT DEVELOPMENT TRAINING**

21. List the training the SME has received which is *specific to this course*. If the course topic is defined in [POST Regulation 1070](#), at least one of the SMEs **MUST** meet this requirement. List the training taken below and check the box for 1070(b) or 1070(c) as appropriate.

Course Title	Course Control Number (or Presenter if not POST-certified)	Total Hours	Date Completed (MM/DD/YYYY)	1070(b)	1070(c)
1)				<input type="checkbox"/>	<input type="checkbox"/>
2)				<input type="checkbox"/>	<input type="checkbox"/>
3)				<input type="checkbox"/>	<input type="checkbox"/>
4)				<input type="checkbox"/>	<input type="checkbox"/>
5)				<input type="checkbox"/>	<input type="checkbox"/>
6)				<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 4. PRESENTER ATTESTATION**

22. REQUIRED SIGNATURE

☐ I attest that the information identified above is true and accurate.Presenter Signature: 

Date: