

State of California – Department of Justice
**SELF-PACED TRAINING COURSE
CERTIFICATION REQUEST**

POST 2-124 (Rev 03/2015)

SAVE

RESET

PRINT

Attachment B-1

Commission on
Peace Officer Standards and Training (POST)
860 Stillwater Road, Suite 100
West Sacramento, CA 95605-1630

- 1) **IMPORTANT:** Prior to submitting this request, contact your [POST Regional Consultant](#) to determine that your course fills an ongoing, unmet training need.
- 2) Refer to [POST Regulation 1053](#) which defines the certification criteria and steps for completing a certification request package.
- 3) Print and sign completed form. Include ALL attachments and mail to above address, Attn: **Training Delivery & Compliance**
- 4) If additional space is needed, please attach additional sheets.
- 5) You will be notified within 60 days of receipt regarding approval. Requests which are incomplete or missing attachments will NOT be processed.

SECTION 1. PRESENTER INFORMATION / COURSE JUSTIFICATION

1. COURSE PRESENTER/AGENCY	2. DATE OF REQUEST
3. COURSE DEVELOPER (If different from Presenter/Agency)	
4. JUSTIFICATION	
a) <input type="checkbox"/> Y <input type="checkbox"/> N I have received approval from _____ that this course fills an ongoing, unmet training need. (POST Regional Consultant Name)	
If NO, please explain: _____	
b) Provide a "Need and Justification" statement:	

5. IS THIS COURSE MANDATED? (Check all that apply)

☐ Y ☐ N If YES, please specify: ☐ Legislative ☐ POST ☐ Perishable Skills ☐ Other:

SECTION 2. COURSE DESCRIPTION


6. COMPLETE COURSE TITLE		7. PROPOSED CPT HOURS
8. ESTIMATED COMPLETION TIME _____ hours	9. COST PER STUDENT \$ _____ per student	10. COURSE LEVEL (Check all that apply) <input type="checkbox"/> Academy <input type="checkbox"/> In-Service <input type="checkbox"/> Advanced
11. BRIEFLY DESCRIBE THE TARGET AUDIENCE		
12. IDENTIFY ANY PREREQUISITES OR SPECIFIC EXPERIENCE NEEDED FOR THIS COURSE		
13. DESCRIBE COURSE		
14. COURSE URL (Complete web address)		15. SECURITY ACCESS IF NEEDED (Password, etc.)
16. LIST ANY ADDITIONAL COURSE MATERIALS NEEDED (e.g., Training Tools, support materials, media, etc.)		
a)	c)	
b)	d)	

YOU MUST ATTACH THE FOLLOWING ITEMS:

- 1) Expanded Course Outline 2) Matrix 3) Subject Matter Expert Resume (POST [Form 2-121](#))

See POST Regulation [1053](#) for samples of Outline and Matrix

SECTION 3. AUTHORIZATION AND SIGNATURE

17. SUBMITTED BY Print Name:	18. SIGNATURE 
19. CONTACT NUMBER () Ext	20. EMAIL ADDRESS – REQUIRED

POST USE ONLY

21. REQUIRED ATTACHMENTS <input type="checkbox"/> Expanded Course Outline <input type="checkbox"/> Matrix <input type="checkbox"/> SME Resume	22. CERTIFIED CPT HOURS	23. COURSE CONTROL NUMBER
24. REVIEWING CONSULTANT	25. CONTENT <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requestor Notified – Date: _____	
26. REVIEWING STAFF	27. CERTIFICATION <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requestor Notified – Date: _____	