State of California

SELF-PACED TRAINING COURSE CERTIFICATION REQUEST

Department of Justice Commission on Peace Officer Standards and Training 1601 Alhambra Boulevard

POST 2-124 (8/26/06)			Sacramento, CA 95817-7083
1. AGENCY SUBMITTING REQUEST	2. COURSE	TITLE	
3. COLLEGE AFFILIATION	GE AFFILIATION 4. COURS		CONTINUING PROFESSIONAL TRAINING CREDIT ESTIMATED HOURS
6. FORMAT (Check all that apply)		6. AVAILABLE PRESENTATIONS	8. UNITS GRANTED
☐ Web-Based Training ☐ CD-ROM ☐ BLENDED* Describe separately	y	MONTHS / YEARS	SEMESTER QUARTER
9. LEGISLATIVE MANDATES, POST MANDATES OR PERSIHABLE SKILLS MANDATES THAT APPLY			
10. PARTICIPATING LAW ENFORCEMENT AGENCIES AND ESTIMATED NUMBER OF TRAINEES FROM EACH AGENCY			
11. IS ENROLLMENT RESTRICTED? IF SO, TO WHOM AND WHY?			
12. COURSE UNIFORM RESOURCE LOCATOR AND/OR OTHER ACCESS INFORMATION			
13. NEED AND JUSTIFICATION STATEMENT (USE ADDITIONAL PAPER, IF NECESSARY)			
14. COURSE OBJECTIVES AND NARRATIVE DESCRIPTION OF COURSE (USE ADDITIONAL PAPER, IF NECESSARY)			
15. MEDIA			
□ AUDIO □ VIDEO □ GRAPHICS □ ANIMATION □ OTHER – LIST ON ATTACHED PAGE			
16. LIST THE LEARNING ACTIVITIES TO BE USED IN THE COURSE (USE ADDITIONAL PAPER, IF NECESSARY)			
17. LIST THE PERFORMANCE SUPPORT TOOLS, JOB AIDS, TEXTS, AND REFERENCE MATERIALS ASSOCIATED WITH THIS COURSE (ATTACH ADDITIONAL PAGES IF NEEDED)			
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18. IS THERE A REQUIRED PROJECT?			
NO YES - DESCRIBE AND ATTACH PAGES IF NEEDED			
19. METHOD(S) OF EVALUATING OBJECTIVES (USE ADDITIONAL PAPER, IF NECESSARY)			
20. CERTIFICATION REQUESTOR'S NAME AND TITLE (21. EMAIL ADDRESS	
22. SIGNATURE OF COURSE PRESENTER / AUTHORIZED DESIGNEE (In full)		23. DATE OF REQUEST	21. CONTACT NUMBER
			()
FOR POST USE ONLY			
RECEIVED			
☐ COMPLETION TIME ESTIMATE ☐ COURSE OUTLINE ☐ PROPOSED CONTINUING PROFESSIONAL TRAINING HOURS ☐ RESUMES			
COMMISSION ACTION	TO LOGIOINAL I	DATE DATE	COURSE I.D. NUMBER
Commission AUTION		WATE .	COUNTRY IN INVINUENT
REVIEWING CONSULTANT		1	COURSE CATEGORY
NOTES			