State of California – Department of Justice
CERTIFICATE APPLICATION – PUBLIC SAFETY DISPATCHER
POST 2-289 (Rev ~~12/2012~~ 06/2014) – See Instructions

Commission on Peace Officer Standards and Training (POST)
1601 Alhambra Blvd
Sacramento, CA 95816-7083

POST USE ONLY

IMPORTANT:
DO NOT SUBMIT APPLICATION FOR BASIC CERTIFICATE UNTIL PROBATION PERIOD IS COMPLETED. REFER TO INSTRUCTIONS FOR ASSISTANCE.

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.

SECTION 1. TYPE OF CERTIFICATE

1. CHECK APPROPRIATE BOX – **IMPORTANT: YOU MUST FILL IN BOXES 15–18 FOR INTERMEDIATE AND ADVANCED CERTIFICATES**

☐ **DISPATCHER BASIC** ☐ **DISPATCHER INTERMEDIATE** ☐ **DISPATCHER ADVANCED** ☐ **DISPATCHER SUPERVISORY**

SECTION 2. IDENTIFICATION AND CURRENT EMPLOYMENT

2. APPLICANT NAME (LAST) (FIRST) (MI)	3. BIRTH DATE	4 POST ID (OR SOCIAL SECURITY NUMBER)
		_ SSN: _ _

5. CURRENT EMPLOYING AGENCY	6. CURRENT CLASSIFICATION AND DATE APPOINTED
	Date:

SECTION 3. PREVIOUS EMPLOYMENT AS A FULL-TIME, PAID PUBLIC SAFETY DISPATCHER

7. FORMER EMPLOYING AGENCY	8. CLASSIFICATION	9. FROM ~~/~~ TO (MM/~~DD/~~YYYY)

SECTION 4. TRAINING / EDUCATION – NOT REQUIRED FOR BASIC CERTIFICATE

NOTE: All training and education statements **MUST** be supported by **NON-RETURNABLE COPIES** of transcripts, degrees, diplomas, or other verifying documents. *These copies must be included with this application.*

POST USE ONLY

10. NAME OF PRESENTER WHERE PUBLIC SAFETY DISPATCHER COURSE WAS COMPLETED	11. TOTAL COURSE HOURS	12. GRADUATION DATE	13. TRAINING POINTS

See **HOW TO ENTER UNITS** for details. Place cursor in desired field to enter data.

16. TOTAL COMPLETED UNITS

14. COLLEGE / UNIVERSITY / VOCATIONAL INSTITUTE – **MUST BE**	15. FROM–TO (~~MONTH/YEAR~~MM/YYYY)	SEM	QTR	CNVRT	TOTAL	17. DEGREE	~~18. BTC UNITS~~
1)	–	0.00	0.00	0.00	0.00		
2)	–	0.00	0.00	0.00	0.00		
3)	–	0.00	0.00	0.00	0.00		
4)	–	0.00	0.00	0.00	0.00		

(Units will calculate automatically) **TOTAL UNITS:** **0.00**

SECTION 5. ATTESTATION

~~19~~18. APPLICANT SIGNATURE

I attest that I have read and subscribe to the Law Enforcement Code of Ethics and that all of the information contained in this application is true and correct.

▶ Date:

~~20~~19. DEPARTMENT / AGENCY COORDINATOR

Print Full Name:

Phone: ( )   Fax ( )

Email

~~21~~20. DEPARTMENT HEAD / AUTHORIZED DESIGNEE SIGNATURE

Recommendation to Award Certificate

☐ **Basic Certificate** – The above applicant has satisfactorily completed the training, service, and a probationary period required in POST Regulation 1011(c)(3).

☐ **Other POST Certificate** – The above applicant has satisfactorily completed the training, service, and education required for this award in POST Regulations 1011(c)(4), ~~or~~ 1011(c)(5), or 1011(c)(6).

▶ Date: Print Name:

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PLEASE NOTE: Applications for Basic Certificate must be submitted AFTER the applicant has completed the 12-month probation period.

INSTRUCTIONS

SECTION 1: TYPE OF CERTIFICATE

Box 1   *Check the Applicable Box.*

For other types of POST Certificate Applications Forms, please submit the following:

2-116 – Basic Certificate   **2-117** – Records Supervisor   **2-250** – Reissuance   **2-256** – Reserve Peace Officer

SECTION 2: IDENTIFICATION / CURRENT EMPLOYMENT

Box 2   *Applicant Name*

Box 3   *Birth Date*

Box 4   *POST ID (or Social Security Number)*: Enter your POST identification code. This unique identifier will be used solely for processing POST records. (You may enter your SSN if you do not have a POST ID.)

Box 5   *Current Employing Agency:* Enter the full name of the agency where applicant is currently employed.

Box 6   *Current Classification and Date Appointed:* Enter applicant's current Public Safety Dispatcher rank or classification. Enter the date the applicant was appointed or promoted to Public Safety Dispatcher.

~~Box 7   *Date Appointed:* Enter the date the applicant was appointed or promoted to Public Safety Dispatcher.~~

SECTION 3: PREVIOUS EMPLOYMENT

Box 7   *Former Employing Agency:* Enter the full name of the agency where applicant was formerly employed.

Box 8   *Classification:* Enter applicant's classification while employed by the former agency.

Box 9   *From-To (MM/YYYY):* Enter the employment dates.

SECTION 4: TRAINING / EDUCATION

This section is NOT REQUIRED for Basic Certificate.

Box 10   *Name of Presenter Where Public Safety Dispatcher Course Was Completed*

Box 11   *Total Course Hours*

Box 12   *Graduation Date*

IMPORTANT: **For** Intermediate **or** Advanced **certificates, boxes 14–17 MUST be filled in to complete this section.** *All colleges, universities, or institutes must be listed, even if they are identified in the EDI profile. Applications without this information will not be processed and will be returned.*

SECTION 4 *continued*

Use the TAB KEY to navigate through Boxes 14–17.

Box 14   *College/University/Vocational Institute:* Enter the full name of the education institute(s) where applicant attended. **Documentation must be in the form of copies of official transcripts or diplomas.** Do not fill in for Basic.

Box 15   *From-To:* Enter the specific Start and End dates of enrollment (**use this format to enter date: MM/YYYY**).

HOW TO ENTER UNITS:

Box 16   *Total Completed Units:*
IMPORTANT: Follow these instructions to enter units completed based on the Semester or Quarterly system:

SEMESTER System: Enter units completed in the SEM column. (Leave QTR column blank.) Hit the TAB key: the form will automatically calculate units in the TOTAL column.

QUARTERLY System:** Enter units completed in the QTR column. (Leave SEM column blank.) Hit the TAB key: the form will automatically convert the units and enter the correct value(s) in the TOTAL column.

**Quarterly units MUST be converted to semester units. One quarter unit = two-thirds semester unit.

Box 17   *Degree:* If applicable, enter the type of degree awarded by the college or university.

SECTION 5: ATTESTATION

Box ~~19~~18   *Applicant Signature*

Box ~~20~~19   *Department/Agency Coordinator:* Please print Coordinator's name and contact information.

Box ~~21~~20   *Department Head/Authorized Designee Signature:* The department head or designee **must sign and date** the application to recommend awarding the certificate(s), and the **signature name must be clearly printed**. If a designee is authorized to sign the application, a POST Certificate of Authorization form (POST 2-270) must be on file with POST.

~~NOTE: Box 18 is for POST USE ONLY. All other boxes must be filled in. Incomplete forms will NOT be processed.~~

All support documentation MUST be submitted with the application (see Section 4). Items are *non-returnable.* DO NOT SUBMIT website transcripts, grade reports, grade cards, or CEUs (Continuing Education Units).