

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

POST 2-124 (Rev ~~03/2015~~ 10/2020)

SAVE

RESET

PRINT

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.~~ Sign the completed form, include ALL attachments, and email to ~~above address,~~ Attn: **Training Delivery & Compliance** your POST Regional Consultant.
- 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 DEVELOPERER (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~~ INFORMATION


6. COMPLETE COURSE TITLE		
7. ESTIMATED COMPLETION TIME	9. COST PER STUDENT	10. COURSE LEVEL (Check all that apply) <u>PROPOSED CONTINUING PROFESSIONAL TRAINING (CPT) HOURS</u>
_____ hours to complete course	\$ _____ per student	<u>_____ CPT hours</u> <input type="checkbox"/> Academy <input type="checkbox"/> In-Service <input type="checkbox"/> Advised
11. BRIEFLY DESCRIBE THE TARGET AUDIENCE		
12. IDENTIFY ANY PREREQUISITES OR SPECIFIC EXPERIENCE NEEDED FOR THIS COURSE		
13. DESCRIBE COURSE		
14. COURSE <u>OR LMS</u> URL (Complete web address if available)		15. SECURITY ACCESS IF NEEDED (Password, etc.)
16. LIST ANY ADDITIONAL COURSE MATERIALS NEEDED (e.g., Training Tools, <u>apps,</u> support materials, media, etc.)		
a1)		e3)
b2)		d4)
17. LIST THE COURSE CONTRIBUTORS WHO WORKED ON THE COURSE AND THEIR CREDENTIALS (if the course is approved, they must enter an instructor resume in EDI)		
<u>1)</u>		<u>3)</u>
<u>2)</u>		<u>4)</u>

YOU MUST ATTACH THE FOLLOWING ITEMS:

- 1) Expanded Course Outline 2) Matrix 3) ~~Subject Matter Expert Resume~~ (POST Form 2-121) Prototypes, wireframes, or mockups

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

SECTION 3. AUTHORIZATION AND SIGNATURE

17.18. SUBMITTED BY	18.19. SIGNATURE
Print Name:	
19.20. CONTACT NUMBER	20.21. EMAIL ADDRESS – REQUIRED
() Ext	

POST USE ONLY

21.22. COURSE CONTROL NUMBER <u>REQUIRED ATTACHMENTS</u>	22.23. CERTIFIED CPT HOURS	23.24. COURSE CONTROL NUMBER
<input type="checkbox"/> Expanded Course Outline Resume <u>Proto/Wireframe/Mockup</u>		
<input type="checkbox"/> Matrix		
<input type="checkbox"/> SME		

<div>2425. REVIEWING CONSULTANT</div>	<div>2526. CONTENTATTACHMENTS</div> <div><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requestor Notified – Date: _____</div>
<div>-2627. REVIEWING LTR STAFF</div>	<div>2728. CERTIFICATION</div> <div><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requestor Notified – Date: _____</div>