

CERTIFICATE APPLICATION – Public Safety Dispatcher

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FOR POST USE ONLY

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. Contact the POST Information Services Bureau for instructions on requesting records.

1: TYPE OF CERTIFICATE

1. CHECK THE APPLICABLE BOX FOR EACH CERTIFICATE REQUESTED (REFER TO INSTRUCTIONS)

DISPATCHER BASIC

DISPATCHER INTERMEDIATE

DISPATCHER ADVANCED

2: IDENTIFICATION AND CURRENT EMPLOYMENT

2. NAME OF APPLICANT (LAST) (FIRST) (MI)	3. DATE OF BIRTH	4. SOCIAL SECURITY NUMBER
		- - -

5. CURRENT EMPLOYING AGENCY	6. CURRENT RANK / CLASSIFICATION	7. DATE APPOINTED PSD

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

8. FORMER AGENCIES	9. RANK / CLASSIFICATION	10. FROM /TO (MO/YR)
1)		-
2)		-

4: TRAINING / EDUCATION

ALL TRAINING/EDUCATION STATEMENTS **MUST** BE SUPPORTED BY **NON-RETURNABLE COPIES** OF TRANSCRIPTS, DEGREES, DIPLOMAS, CERTIFICATES OF COMPLETION, OR OTHER VERIFYING DOCUMENTS, AND INCLUDED WITH THIS APPLICATION.

11. ACADEMY / SCHOOL WHERE BASIC TRAINING WAS COMPLETED	12. TOTAL HRS	POST USE – TP'S		13. DATE COMPLETED	
14. COLLEGE / UNIVERSITY / VOCATIONAL	15. FROM /TO (MO/YR)	16. TOTAL UNITS (SYSTEM USED)		17. DEGREE	POST-BASIC
1)	-	<input type="checkbox"/> SEM	<input type="checkbox"/> QTR		
2)	-	<input type="checkbox"/> SEM	<input type="checkbox"/> QTR		
3)	-	<input type="checkbox"/> SEM	<input type="checkbox"/> QTR		
4)	-	<input type="checkbox"/> SEM	<input type="checkbox"/> QTR		

5: ATTESTATION

18. SIGNATURE OF APPLICANT I attest that all of the information contained in this application is true and correct. SIGNED _____ DATE _____	19. POST COORDINATOR
	PRINT NAME (FIRST LAST)
	PHONE () FAX ()
	EMAIL

20. RECOMMENDATION TO AWARD CERTIFICATE(S)

I recommend that the certificate be awarded. I attest that the applicant is a full-time public safety dispatcher and has either:

- completed a probationary period of at least 12 months as provided in Commission Regulation Section 1018(e), was selected in accordance with the minimum standards in Section 1018(c), and meets the basic dispatcher training requirement set forth in Section 1018(d), or
- that the applicant was employed as a public safety dispatcher at the time the agency entered into the POST Public Safety Dispatcher Program, completed a minimum of one year satisfactory service as a full-time public safety dispatcher, and was trained according to minimum standards described in Commission Regulation 1018(d).

In my opinion, the applicant is of good moral character and worthy of the award, based upon personal knowledge or inquiry. Personnel records of this jurisdiction/agency substantiate my recommendation.

SIGNATURE OF DEPARTMENT HEAD OR AUTHORIZED DESIGNEE	DATE	PRINT NAME

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SECTION 1: TYPE OF CERTIFICATE

Box 1. *Type of Certificate(s) Requested* – Enter the appropriate code for each certificate requested. You can use the same form to request multiple certificates.

DB – Dispatcher Basic**DI** – Dispatcher Intermediate**DA** – Dispatcher Advanced

SECTION 2: IDENTIFICATION AND CURRENT EMPLOYMENTBox 2. *Applicant Name*Box 3. *Date of Birth*Box 4. *Social Security Number* – This information is used solely as the applicant's unique identifier in processing POST records.Box 5. *Employing Agency* – Enter the full name of the agency where you are currently employed.Box 6. *Current rank / Classification* – Enter your actual rank or classification on this date.Box 7. *Date Appointed Public Safety Dispatcher*

SECTION 3: PREVIOUS EMPLOYMENT AS A FULL-TIME, PAID PUBLIC SAFETY DISPATCHERBox 8. *Former Employing Agency(s)* – Enter the full name(s) of the agency(s) where you were formerly employed.Box 9. *Rank / Classification* – Enter the applicant's rank or classification (e.g., Dispatcher I, II, III, Dispatcher Manager, Dispatcher Supervisor etc.) while employed by the former agency(s).Box 10. *From / To (Mo/Yr)* – Enter the specific start and end dates of employment (month and year).

SECTION 4: TRAINING / EDUCATION

NOTE: *SUPPORTING DOCUMENTATION MUST BE INCLUDED WITH THE APPLICATION FORM AS NOTED. DO NOT SUBMIT GRADE REPORTS, GRADE CARDS, WEBSITE TRANSCRIPTS, OR CONTINUING EDUCATION UNITS (CEU).*

Box 11. *Academy / School Where Dispatcher Basic Training Course Was Completed* – Enter the full name of the training facility where dispatcher basic training was completed.Box 12. *Total Course Hours* – Enter the total number of hours of dispatcher basic training that you *completed*.Box 13. *Date Completed* – Enter the actual date that you completed dispatcher basic training.Box 14. *College / University* – Enter the full name(s) of the education institute(s) that you attended. *Documentation must in the form of copies of official transcripts or degree.*Box 15. *From / To (Mo/Yr)* – Enter the specific start and end dates of enrollment (month and year).Box 16. *Total Units* – Enter the TOTAL units completed and check the appropriate box for semester or quarter.Box 17. *Degree* – If applicable, enter the type of degree awarded by the college or university.

SECTION 5: ATTESTATIONBox 18. *Signature of Applicant*Box 19. *POST Coordinator* – Enter the name (please print) and contact information of the POST Coordinator.Box 20. *Recommendation to Award Certificate(s)* – The form must be signed and dated by the Department Head or Designee, and the full name must be clearly printed. If the department head authorizes a designee to sign the application, a POST Certificate Authorization form ([POST 2-270](#)) must be on file with POST.[Back to Form](#)

