

CERTIFICATE APPLICATION – PUBLIC SAFETY DISPATCHER

POST 2-289 (Rev 7/2007 Rev 10/2010) – [See Instructions](#)

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

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.

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

SECTION 2. IDENTIFICATION AND CURRENT EMPLOYMENT

2. APPLICANT NAME (LAST) (FIRST) (MI) 3. BIRTH DATE 4. POST ID (SSN MAY ALSO BE PROVIDED OR SOCIAL SECURITY NUMBER)

SSN: _____

5. CURRENT EMPLOYING AGENCY 6. CURRENT CLASSIFICATION 7. AND DATE APPOINTED

Date: _____

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

87. FORMER EMPLOYING AGENCY 88. CLASSIFICATION 89. 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 documents copies must be included with this application.*

4410. NAME OF PRESENTER WHERE PUBLIC SAFETY DISPATCHER COURSE WAS COMPLETED	4211. TOTAL COURSE HOURS	4312. GRADUATION DATE	4413. TRAINING POINTS

See [HOW TO ENTER UNITS](#) – Use the TAB key to navigate between columns.

4514. COLLEGE / UNIVERSITY / VOCATIONAL INSTITUTE – MUST BE LISTED	4615. FROM/TO (MM/YYYY)	4716. TOTAL COMPLETED UNITS				4817. DEGREE	4918. BTC UNITS
		SEM	QTR	CNVRT	TOTAL		
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		
TOTAL ALL UNITS:					0.00		

SECTION 5. ATTESTATION

2019. APPLICANT SIGNATURE 2420. DEPARTMENT / AGENCY COORDINATOR

I attest that I am a full-time, paid public safety dispatcher and that I have read and subscribe to the Law Enforcement Code of Ethics. I attest under penalty of perjury and that all of the information contained herein in this application is true and correct.

Date: _____

Print Full Name: _____

Phone: () Fax ()

Email: _____

2221. DEPARTMENT HEAD / AUTHORIZED DESIGNEE SIGNATURE

I **Recommend** to that the certificate be a **Awarded Certificate**. I attest that the applicant is a full-time public safety dispatcher and has either:

Basic Certificate – The above applicant has satisfactorily completed the training, service, and a probationary period of at least 12 months as provided required in Commission POST Regulation Section 1018(e), was selected in accordance with the minimum standards in Section 1018(e), and meets the basic dispatcher training requirement set forth in Section 1018(d), 9072(c).

Other POST Certificate – OR, that the above applicant has satisfactorily was employed as a public safety dispatcher at the time the agency entered into the POST Public Safety Dispatcher Program, completed the training, service, and education required for this award a minimum of one year satisfactory service as a full-time public safety dispatcher, and was trained according to minimum standards described in Commission POST Regulation 1018(d)9072(d) or (e).

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.

Date: _____ Print Name: _____

Instructions to complete POST Form 2-00289
CERTIFICATE APPLICATION – PUBLIC SAFETY DISPATCHER

[Back to Form](#)

PLEASE NOTE: APPLICATIONS FOR BASIC CERTIFICATE MUST BE SUBMITTED **AFTER**
APPLICANT HAS COMPLETED 12-MONTH PROBATION PERIOD

SECTION 1: TYPE OF CERTIFICATE

Box 1 *Check the Applicable Box:*

For other types of POST Certificate Applications Forms, please submit the following form(s):

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 SSN or Social Security Number):* Enter applicant's your POST identification code ~~(or Social Security number)~~. This unique identifier will be used solely for processing POST records. ~~(Enter the Applicant's~~ 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 ~~8-7~~ *Former Employing Agency:* Enter the full name of the agency where applicant was formerly employed.

Box ~~9-8~~ *Classification:* Enter applicant's classification while employed by the former agency.

Box ~~10-9~~ *From/To (MM/YYYY):* Enter the employment dates.

SECTION 4: TRAINING / EDUCATION

This section is NOT REQUIRED for Basic Certificate.

Box ~~11-10~~ *Name of Presenter Where Public Safety Dispatcher Course Was Completed*

Box ~~12-11~~ *Total Course Hours*

Box ~~13-12~~ *Graduation Date*

IMPORTANT: For **Intermediate** or **Advanced** certificates, boxes ~~14-18~~ **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.**

Use the TAB KEY to navigate through Boxes ~~14-14~~ **14-14–~~18-17~~ **18-17**.**

Box ~~15-14~~ *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 ~~16-15~~ *From/To:* Enter the specific Start and End dates of enrollment (**use this format to enter date: MM/YYYY**).

HOW TO ENTER UNITS:

Box ~~17-16~~ *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 ~~18-17~~ *Degree:* If applicable, enter the type of degree awarded by the college or university.

SECTION 5: ATTESTATION

Box ~~19-19~~ *Applicant Signature*

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

Box ~~21-21~~ *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.

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).