

State of California – Department of Justice  
**SELF-PACED TRAINING COURSE**  
**CERTIFICATION REQUEST**  
 POST 2-124 (Rev 04/2022)

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) Sign the completed form, include ALL attachments, and email to 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
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3. COURSE DEVELOPERER (If different from Presenter/Agency)
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4. JUSTIFICATION

Y  N I have received approval from \_\_\_\_\_ that this course fills an ongoing unmet training need.  
 (POST Regional Consultant Name)

If NO, please explain: \_\_\_\_\_

5. IS THIS COURSE MANDATED? (Check all that apply)

Y  N If YES, please specify:  Legislative  POST  Perishable Skills  Other:

**SECTION 2. COURSE INFORMATION**

6. COMPLETE COURSE TITLE
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7. ESTIMATED COMPLETION TIME _____ hours to complete course	8. COST PER STUDENT \$ _____ per student	9. PROPOSED CONTINUING PROFESSIONAL TRAINING (CPT) HOURS _____ CPT hours
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10. BRIEFLY DESCRIBE THE TARGET AUDIENCE
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11. IDENTIFY ANY PREREQUISITES OR SPECIFIC EXPERIENCE NEEDED FOR THIS COURSE
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12. DESCRIBE COURSE
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13. COURSE OR LMS URL (if available)	14. SECURITY ACCESS IF NEEDED (Password, etc.)
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15. LIST ANY ADDITIONAL COURSE MATERIALS NEEDED (e.g., apps, support materials, media, etc.)

1) _____	3) _____
2) _____	4) _____

16. 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)

1) _____	3) _____
2) _____	4) _____

**YOU MUST ATTACH THE FOLLOWING ITEMS:**

- 1) Expanded Course Outline 2) Matrix 3) Prototypes, wireframes, or mockups  
 See POST Regulation 1053 for samples of Outline and Matrix

**SECTION 3. AUTHORIZATION AND SIGNATURE**

17. SUBMITTED BY Print Name:	18. SIGNATURE ▶
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19. CONTACT NUMBER ( ) Ext	20. EMAIL ADDRESS – <b>REQUIRED</b>
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**POST USE ONLY**

21. REQUIRED ATTACHMENTS <input type="checkbox"/> Expanded Course Outline <input type="checkbox"/> Matrix <input type="checkbox"/> Proto/Wireframe/Mockup	22. CERTIFIED CPT HOURS	23. COURSE CONTROL NUMBER
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24. REVIEWING CONSULTANT	25. ATTACHMENTS <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requestor Notified – Date: _____
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26. REVIEWING LTR STAFF	27. CERTIFICATION <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Requestor Notified – Date: _____
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