State of California – Department of Justice

SELF-PACED TRAINING COURSE CERTIFICATION REQUEST

POST 2-124 (Rev 03/2015)

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. Include ALL attachments and mail to above address, Attn: **Training Delivery & Compliance**
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 DEVELOPER *(If different from Presenter/Agency)*

4. JUSTIFICATION

a) ☐ Y ☐ 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

6. COMPLETE COURSE TITLE

7. PROPOSED CPT HOURS

8. ESTIMATED COMPLETION TIME
_____ hours

9. COST PER STUDENT
$ _____ per student

10. COURSE LEVEL *(Check all that apply)*
☐ Academy ☐ In-Service ☐ Advanced

11. BRIEFLY DESCRIBE THE TARGET AUDIENCE

12. IDENTIFY ANY PREREQUISITES OR SPECIFIC EXPERIENCE NEEDED FOR THIS COURSE

13. DESCRIBE COURSE

14. COURSE URL *(Complete web address)*

15. SECURITY ACCESS IF NEEDED *(Password, etc.)*

16. LIST ANY ADDITIONAL COURSE MATERIALS NEEDED *(e.g., Training Tools, support materials, media, etc.)*

a)

b)

c)

d)

YOU MUST ATTACH THE FOLLOWING ITEMS:

1) Expanded Course Outline 2) Matrix 3) Subject Matter Expert Resume (POST Form 2-121)

See POST Regulation 1053 for samples of Outline and Matrix

SECTION 3. AUTHORIZATION AND SIGNATURE

17. SUBMITTED BY
Print Name:

18. SIGNATURE
▶

19. CONTACT NUMBER
( ) Ext

20. EMAIL ADDRESS – **REQUIRED**

POST USE ONLY

21. REQUIRED ATTACHMENTS
☐ Expanded Course Outline ☐ Matrix ☐ SME Resume

22. CERTIFIED CPT HOURS

23. COURSE CONTROL NUMBER

24. REVIEWING CONSULTANT

25. CONTENT
☐ Approved ☐ Denied ☐ Requestor Notified – Date: _____

26. REVIEWING STAFF

27. CERTIFICATION
☐ Approved ☐ Denied ☐ Requestor Notified – Date: _____