

**NEW IN-SERVICE COURSE CERTIFICATION  
TRAINING NEEDS ASSESSMENT**

**This form must be submitted to your POST Regional Consultant the required minimum 60 days in advance of desired course presentation date(s). Please complete ALL portions. This does not constitute presentation certification of a course until POST review is final and approval is granted.**

**A. COURSE INFORMATION**

PROPOSED COURSE TITLE	DATE SUBMITTED (MM/DD/YY)
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SUBMITTING PRESENTER	COURSE PRESENTATION DATE(S) – Use commas to separate dates (MM/DD/YY)
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HEADQUARTERS ADDRESS	CITY	STATE	ZIP
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- Select your affiliations:
- Law enforcement agency
  - Regional Training Center/Institute/Consortium
  - College
  - 501 (c) (3) or (4) Non-Profit Organization
  - LLC, S-Corp, etc.

**B. CONSULTATION**

1. Provide the name of the POST Regional Consultant you consulted prior to developing this proposed course

POST Regional Consultant: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

**C. DEMONSTRATED NEED**

**Note:** If this course is intended solely for internal training within your agency, proceed to item 2.

1. Indicate how you determined the unmet/ongoing need for your course.

a. Was there a survey conducted of:

- The County Chiefs & Sheriff's Association
- Other advisory groups (e.g., Community College Advisory Council)
- The training managers' association and/or training association group
- Law enforcement agencies

b. If any surveys were conducted, please provide the survey details below.

Organization Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_ Date Completed: \_\_\_\_\_

c. If any surveys were conducted, please provide the survey outcomes below.

2. Is there required POST standardized curriculum? .....  Y  N

a. If yes, provide the statute or Commission Regulation: \_\_\_\_\_

**Note:** POST standardized curriculums are required for training in specialized subjects listed in Commission Regulations 1005, 1070, and 1071. Minimum topics and hours for these topics are provided in Commission Regulations 1081, 1082, and 1083.

3. Is the course an **expressed priority** by legislation/POST Commission?.....  Y  N

a. If yes, provide the statute or Commission Regulation: \_\_\_\_\_

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**D. DEMONSTRATED CAPABILITIES**

1. Provide a one paragraph synopsis of your course and/or its purpose.

2. How many days and hours is your course? Days: \_\_\_\_\_ Hours: \_\_\_\_\_

3. Did you identify **instructional expertise/capability** to instruct this course? .....  Y  N

a. Does the instructor require specialized training (e.g., AICC, Commission Regulation 1070)?.....  Y  N

4. Do you have **adequate and safe curriculum** training facilities to hold this type of course instruction? .....  Y  N

a. Will this course be presented at multiple locations?.....  Y  N

b. If applicable, will this course require a written safety policy? .....  Y  N

5. Have any of your instructors been decertified or has any action been taken against their certification in any state?.....  Y  N

Per Commission Regulation 1005, individuals are not permitted to instruct in a POST-certified course if the person has become ineligible to hold office as a peace officer or if their peace officer certification is suspended, revoked, or surrendered.

6. Have any of your instructors had an abuse of force complaint substantiated within the last three years? .....  Y  N

Per Government Code section 7286, law enforcement agencies shall maintain procedures that prohibit an officer from training other officers for at least three years from the substantiation of an abuse of force complaint.

7. Has this course been taught in the past? .....  Y  N

a. If yes, how many students have attended the course? \_\_\_\_\_

b. If yes, did you provide students with course evaluations? .....  Y  N

c. If course evaluations were provided, are they available for review? .....  Y  N

8. Does your training organization currently have POST-certified courses? .....  Y  N

a. If yes, provide amount: \_\_\_\_\_

9. Provide your organization's website: \_\_\_\_\_

a. If you are a law enforcement agency, provide the link to the training material for this course (per Penal Code section 13650):  
\_\_\_\_\_

10. If applicable, has this proposal been **reviewed and approved** by your agency/college chief executive, director, training administrator and training manager (or equivalent curriculum manager)? .....  Y  N

Name(s): 1) \_\_\_\_\_ Title(s): \_\_\_\_\_

2) \_\_\_\_\_ Title(s): \_\_\_\_\_

3) \_\_\_\_\_ Title(s): \_\_\_\_\_

11. Have you or your agency's training manager and/or administrator attended the POST-certified **Training Administrator's Course** and/or **Training Manager's Course**? .....  Y  N

Training Manager/Administrator: \_\_\_\_\_ POST ID: \_\_\_\_\_

Course Location: \_\_\_\_\_ Date Completed: \_\_\_\_\_

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**E. ASSESSMENT**

1. **Type of Course(s) Needing Assessment** (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> In-Service (courses intended for employed peace officers)                           | <input type="checkbox"/> Management (courses intended for management personnel) |
| <input type="checkbox"/> Technical (courses relating to technical legal and procedural terminology)          | <input type="checkbox"/> Executive (courses intended for executive personnel)   |
| <input type="checkbox"/> Supervisory (courses intended for supervisors or those taking on supervisory roles) |   |

2. **Requirement(s)** (check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Legislative mandate | <input type="checkbox"/> Commission regulation | <input type="checkbox"/> Local agency need | <input type="checkbox"/> Regional agencies need |
|--|--|--|---|

3. **Types of Students Attending the Course(s):**

- |  |   |                                   |                                       |
|--|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Peace Officer | <input type="checkbox"/> Professional Staff | <input type="checkbox"/> Dispatch | <input type="checkbox"/> Other: _____ |
|--|---|-----------------------------------|---------------------------------------|

4. **Schedule/Attendance of the Courses:**

- a. Number of presentations per year: \_\_\_\_\_
- b. Anticipated number of trainees attending per fiscal year: \_\_\_\_\_
- c. Maximum number of enrollees per class presentation: \_\_\_\_\_

5. If there are subventions (i.e., FTEs, Grants, Contracts, Tuition) for this course, please list them:

Subventions: \_\_\_\_\_

**F. ADDITIONAL COMMENTS**

Please provide additional comments as to the justification for POST approval to certify this course.

**G. AUTHORIZATION**

SIGNATURE OF INDIVIDUAL REQUESTING/AUTHORIZING COURSE CERTIFICATION (REQUIRED)		PRINT FULL NAME	
		TITLE	
Date			
CONTACT NUMBER	EMAIL ADDRESS	PRESENTER NAME	PRESENTER NUMBER