

EXECUTIVE DEVELOPMENT COURSE

APPLICATION POST 2-347 (Rev 04/2016) – Page 1 of 1

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INSTRUCTIONS AND QUALIFICATIONS

- **WHO MAY ATTEND:** The Executive Development Course (EDC) is designed for department heads and their executive staff. An officer who will be appointed **within 12 months** to a department head or executive position may attend this course, *provided the officer has successfully completed the POST Management Course* (requirements for the EDC are set forth in [PAM Section D-5](#)).
- **WAIVER:** The POST Executive Director may waive the Management Course prerequisite for a **chief executive** who has completed training comparable to a POST Management Course (refer to [PAM Section D-15](#) for information on the prerequisite waiver process).
- **ATTENDANCE:** Preference is given to department heads (police chiefs and sheriffs), followed by executive command staff. Officers in middle management (typically third-level lieutenants and commanders) require department head authorization. Attendance will not be confirmed until **6 weeks** prior to class start date.
- **APPLYING:** Please complete all information requested.
If a signature is required (see below), please sign and FAX a copy of this application to **(916) 227-0195**.
If a signature is NOT required, please EMAIL the completed form to EDCApps@post.ca.gov.
- **QUESTIONS:** Please contact the Management Counseling/Leadership Development ([MCLD](#)) Bureau at (916) 227-2800.

SECTION 1: STUDENT IDENTIFICATION

| | | | |
|------------------------------------|---------------------------------|--------------------------|-------------------|
| 1. STUDENT NAME (Last, First, MI) | | 2. POST I.D. NUMBER | 3. DATE SUBMITTED |
| 4. PRESENT RANK | | 5. AGENCY NAME | |
| 6. AGENCY ADDRESS | | | |
| Street: | | City: | Zip: |
| 7. STUDENT PHONE NUMBER () | | 8. STUDENT EMAIL ADDRESS | |
| Ext: | | | |
| 9. CONTACT NAME | CONTACT PHONE NUMBER () | CONTACT EMAIL ADDRESS | |

SECTION 2: COURSE INFORMATION

| | |
|--|-----------------------|
| 10. SESSION REQUESTED | 11. ALTERNATE SESSION |
| 12. POST MANAGEMENT COURSE COMPLETED | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, date completed: | |
| 13. WAIVER REQUEST | |
| NOTE: If you received comparable training, you must contact your POST Regional Representative prior to submitting this application. | |

SECTION 3: AUTHORIZATION

*Lieutenants and Commanders (below second in command) require department head authorization.
Unsigned applications will not be processed.*

| | |
|---------------------------------------|-----------|
| 14. DEPARTMENT HEAD (PRINT FULL NAME) | 15. TITLE |
|---------------------------------------|-----------|

Signature ►

Date