

NEW COURSE CERTIFICATION TRAINING NEEDS ASSESSMENT

The completion of this form does not authorize for presentation of a course until the POST review is final, and approval is granted. (Please note that submission of an incomplete application will result in a denial of the new course request.)

A. COURSE INFORMATION

PRESENTER NAME		ADDRESS	
CONTACT NAME		EMAIL	PHONE
PRESENTATION STYLE <input type="checkbox"/> Intensive <input type="checkbox"/> Extended		ANTICIPATED START DATE	
PROPOSED COURSE TITLE			
<input type="checkbox"/> Regular Basic Course	<input type="checkbox"/> Module I	<input type="checkbox"/> Module II	<input type="checkbox"/> Module III
<input type="checkbox"/> Specialized Investigators' Basic Course	<input type="checkbox"/> PC 832 Firearms	<input type="checkbox"/> PC 832 Arrest	<input type="checkbox"/> Requalification <input type="checkbox"/> Dispatch
COURSE AFFILIATION			
<input type="checkbox"/> Law Enforcement Agency	<input type="checkbox"/> Regional Training Center/Institute/Consortium	<input type="checkbox"/> College	

B. DEMONSTRATED NEED

How many other presenters within a 50-mile radius of your location present this course?

Who is the intended audience of your course?

Is there a demonstrated **unmet/ongoing** need expressed by agencies, associations or advisory council? Yes No

If yes, please list them below:

Name(s): 1) _____ 2) _____
3) _____ 4) _____

C. DEMONSTRATED CAPABILITIES

Does the instructor require specialized training (e.g., AICC, Regulation 1070)?..... Yes No

Will this course be presented at multiple locations?..... Yes No

Do you have **adequate and safe** training facilities to present this type of course instruction?..... Yes No

If applicable, will this course require a written safety policy? Yes No

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)?..... Yes No

Name(s): 1) _____ Title(s): _____
2) _____ Title(s): _____
3) _____ Title(s): _____

D. LETTERS OF COMMITMENT

Please provide a minimum of five (5) commitment letters from agencies/organizations who are committed to attending your course and an estimated number of attendees per year. Letters of support must include a clear commitment to action, such as an intent to send students to your course for training, in order to carry the tangible weight necessary to demonstrate the viability and sustainability of the proposed program.
(Letters must be on agency letterhead and signed by department head)

E. ASSESSMENT

REQUIREMENT(S) (Check all that apply)

Legislative Mandate Commission Regulation Local Agency Need Regional Agencies Need

TYPES OF STUDENTS

Affiliated Non-affiliated Dispatcher Other

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E. ASSESSMENT (continued)
SCHEDULE / ATTENDANCE

Maximum enrollment for each presentation: _____ Maximum number of presentations per year: _____

Will there be a budget for this course? Yes No

Are there subventions (i.e., FTEs, Grant, Contract, Tuition)? Yes No

If yes, what are they: _____

Estimated tuition fee per student: _____

F. ADDITIONAL COMMENTS

Please provide a written explanation detailing the rationale for this training, including a clear identification of the current training gaps it aims to address.

G. ATTESTATION

I have reviewed Commission Regulation 1059 and understand the requirements as it relates to course certification.

**Place initials in the textbox attesting you understand*

I understand if approved as a POST Presenter, I will agree to participate in the Quality Assessment Program and this course will be evaluated within one year of certification. Additionally, I understand this course is subject to random course reviews through the Basic Course Certification Review (BCCR) process, which is an in-depth review conducted by a POST Basic Training Bureau Certification Review Team (CRT).

SIGNATURE	DATE
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