

State of California - Department of Justice  
**SELF-PACED TRAINING COURSE**  
**CERTIFICATION REQUEST**  
 POST 2-124 (8/26/06)

Commission on  
 Peace Officer Standards and Training (POST)  
 860 Stillwater Road, Suite 100  
 West Sacramento, CA 95605-1630

1. AGENCY SUBMITTING REQUEST		2. COURSE TITLE	
3. COLLEGE AFFILIATION		4. COURSE LENGTH (4 hours maximum)	5. CONTINUING PROFESSIONAL TRAINING CREDIT ESTIMATED HOURS
6. FORMAT (Check all that apply) <input type="checkbox"/> Web-Based Training <input type="checkbox"/> CD-ROM <input type="checkbox"/> BLENDED* Describe separately		6. AVAILABLE PRESENTATIONS MONTHS / YEARS	8. UNITS GRANTED SEMESTER QUARTER
9. LEGISLATIVE MANDATES, POST MANDATES OR PERSIHABLE SKILLS MANDATES THAT APPLY			
10. PARTICIPATING LAW ENFORCEMENT AGENCIES AND ESTIMATED NUMBER OF TRAINEES FROM EACH AGENCY			
11. IS ENROLLMENT RESTRICTED? IF SO, TO WHOM AND WHY?			
12. COURSE UNIFORM RESOURCE LOCATOR AND/OR OTHER ACCESS INFORMATION			
13. NEED AND JUSTIFICATION STATEMENT (USE ADDITIONAL PAPER, IF NECESSARY)			
14. COURSE OBJECTIVES AND NARRATIVE DESCRIPTION OF COURSE (USE ADDITIONAL PAPER, IF NECESSARY)			
15. MEDIA <input type="checkbox"/> AUDIO <input type="checkbox"/> VIDEO <input type="checkbox"/> GRAPHICS <input type="checkbox"/> ANIMATION <input type="checkbox"/> OTHER – LIST ON ATTACHED PAGE			
16. LIST THE LEARNING ACTIVITIES TO BE USED IN THE COURSE (USE ADDITIONAL PAPER, IF NECESSARY)			
17. LIST THE PERFORMANCE SUPPORT TOOLS, JOB AIDS, TEXTS, AND REFERENCE MATERIALS ASSOCIATED WITH THIS COURSE (ATTACH ADDITIONAL PAGES IF NEEDED)			
18. IS THERE A REQUIRED PROJECT? <input type="checkbox"/> NO <input type="checkbox"/> YES – DESCRIBE AND ATTACH PAGES IF NEEDED			
19. METHOD(S) OF EVALUATING OBJECTIVES (USE ADDITIONAL PAPER, IF NECESSARY)			
20. CERTIFICATION REQUESTOR'S NAME AND TITLE (		21. EMAIL ADDRESS	
22. SIGNATURE OF COURSE PRESENTER / AUTHORIZED DESIGNEE (In full)		23. DATE OF REQUEST	21. CONTACT NUMBER (    )
<b>FOR POST USE ONLY</b>			
RECEIVED <input type="checkbox"/> COMPLETION TIME ESTIMATE <input type="checkbox"/> COURSE OUTLINE <input type="checkbox"/> PROPOSED CONTINUING PROFESSIONAL TRAINING HOURS <input type="checkbox"/> RESUMES			
COMMISSION ACTION		DATE	COURSE I.D. NUMBER
REVIEWING CONSULTANT		COURSE CATEGORY	
NOTES			