POST Course Certification and Presentation Guidelines

October 2001

THE COMMISSION
ON PEACE OFFICER STANDARDS AND TRAINING

STATE OF CALIFORNIA

CALIFORNIA COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

POST Course Certification and Presentation Guidelines

October 2001

THE MISSION OF THE CALIFORNIA COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING IS TO CONTINUALLY ENHANCE THE PROFESSIONALISM OF CALIFORNIA LAW ENFORCEMENT IN SERVING ITS COMMUNITIES

POST Course Certification and Presentation Guidelines
Copyright 2001 Commission on Peace Officer Standards and Training (POST)

Published 1997
Revised November 1998, July 1999, October 2001

All rights reserved. This publication may not be reproduced, in whole or in part, in any form or by any means electronic or mechanical or by any information storage and retrieval system now known or hereafter invented, without prior written permission of the California Commission on Peace Officer Standards and Training, with the following exception:

> California law enforcement agencies in the POST peace officer program and POST-certified training presenters are hereby given permission by POST to reproduce any or all of the contents of this manual for their internal use.

All other individuals, private businesses and corporations, public and private agencies and colleges, professional associations, and non-POST law enforcement agencies in-state or out-of-state may purchase copies of this publication, at cost, from POST at the address listed below.

For information about obtaining copies of this publication, contact:

POST Media Distribution Center
1601 Alhambra Boulevard
Sacramento, CA 95816
(916) 227-4856
e-mail: dvessels@post.ca.gov

COMMISSIONERS

William B. Kolender Chairman	Sheriff San Diego County
George (Joe) Flannagan Vice-Chairman	Detective Alhambra Police Department
Leroy (Lee) Baca	Sheriff Los Angeles County
Patrick Boyd	Detective San Jose Police Department
Marc Cobb	Sergeant Long Beach Police Department
James P. Fox	District Attorney San Mateo County
Monty Holden	Public Member
Ted Hunt	Officer Los Angeles Police Department
Arthur Lopez	Chief Oxnard Police Department
Rana Sampson	Educator/Trainer
Laurie Smith	Sheriff Santa Clara County
Bill Lockyer Ex Officio Member	Attorney General
Kenneth J. O'Brien	Executive Director

TABLE OF CONTENTS

GENERAL 1

EVALUATION OF COURSE PROPOSALS 1

GENERAL GUIDELINES 1

FORMS 5

PRIOR TO CERTIFICATION 7

Certification Process 7

Certification Submission to POST 10

ONCE A COURSE IS CERTIFIED 10

Annual Recertification 10

Certification Period 10

Validity of Course Certification 10

Certified Course Not To Be Changed 10

Basis For Reimbursement 10

Proper Publicity 10

Course Numbering System 10

PRIOR TO A PRESENTATION 12

Course Announcement 12

Course Hourly Distribution Schedule 12

AFTER A PRESENTATION 13

Course Roster 13

Course Evaluation Instruments 13

Corrections Form 13

Training Reimbursement Requests 13

COURSE CERTIFICATION & PRESENTATION CHECKLIST 14

ATTACHMENT A

Course Certification Request and Instructions A-1

ATTACHMENT B

Course Budget and Tuition Guidelines B-1

ATTACHMENT C

Course Announcement and Instructions C-1

ATTACHMENT D

Course Roster and Instructions D-1

ATTACHMENT E

Corrections form E-1

ATTACHMENT F

Course Evaluation Instrument F-1

ATTACHMENT G

Training Reimbursement Request G-1

ATTACHMENT H

Sample Expanded Course Outline H-1

ATTACHMENT I

Sample Hourly Distribution Schedules I-1

ATTACHMENT J

Course Certification & Presentation Checklist J-1

ATTACHMENT K

Sample Resume Form K-1

POST COURSE CERTIFICATION & PRESENTATION GUIDELINES

GENERAL

These guidelines were developed to assist in the certification and presentation of POST certified training courses.

Any questions regarding POST course certification should be directed to POST, Training Delivery Bureau at (916) 227-4862.

EVALUATION OF COURSE PROPOSALS

The course certification process includes evaluating specific factors that justify the need for, and quality of, each proposed training course. Factors evaluated include:

a. An unmet need and justification/survey for course
b. Appropriateness of course content
   1. Is there existing POST Standardized Course curriculum required ?
c. Instructors and coordinators expertise specifically identified
d. Adequacy of physical facilities
e. Volume of potential trainees
f. Time frame of course presentation
g. Methods of course presentation
h. Adequacy and availability of clerical and support staff
i. Number limitation on students per session
j. Adequacy of trainee testing and/or evaluation processes
k. Appropriate instructor/trainee ratios
l. Provisions for student/instructor safety
m. Fiscal Impact to the Peace Officer Training Fund (POTF)
n. Appropriate entity to present the course
o. Are there existing courses available locally or that could be imported ?

All of these factors need to be addressed in any proposed certification request.

Only those courses for which there is an identifiable and unmet need will be certified.

[See Attachment J "*POST Certification and Presentation Control Sheet*" for evaluation criteria and checklist]

GENERAL GUIDELINES

These guidelines incorporate Commission Policy and a general management philosophy for expenditure of the Peace Officer Training Fund (POTF) related to POST course certification.

a. POST will only certify training courses when a need and justification has been established. If the need has not been identified by a POST Training Needs Assessment,

then written justification, based on a survey or comparable analysis, must be submitted with the certification request.

b. POST must ensure that training is presented at locations that are accessible to the appropriate student audience(s). If it is more cost-effective, an existing course and/or instructor(s) may be approved for importation to alternative locations throughout the state; in lieu of certification of new local courses of the same content.

c. Revenue from the Peace Officer Training Fund (POTF) is expended judiciously and in the most cost effective manner possible. To contain the ever-increasing costs of training the majority of POST courses are certified to POST reimbursable law enforcement agencies or to the California Community College System. State, Federal, and California-based public or private presenters may be considered for training courses that cannot be met local by local law enforcement agencies or community colleges.

d. Presenters are encouraged to affiliate with a Community College to off-set costs and to minimize the impact to the Peace Officer Training Fund.

Certification Plan Descriptions are as follows:

1. **POST Plan I (Backfill)**

Plan I pays for officer and dispatcher travel, per diem, and tuition. POST will also reimburse 100% of actual time and one-half salary paid:

a) For an officer directly replacing another officer who is in training.
b) For an officer attending training on days off (pay at officer's rate).
c) For an officer traveling to/from training (on days off limit of 16 hours).
d) Payment at rate of officer covering shift.

Courses requiring inordinately high presentation cost are considered for Plan I certification. Certification is contingent upon fund availability. These courses must not be restricted to agency personnel of the course presenter. Plan I courses are not approved for high volume training. Backfill courses must meet subject/curriculum criteria established by the commission and be at least 8 hours in length to qualify for reimbursement.

2. **POST Plan II (Backfill)**

Plan II pays for officer and dispatcher travel and per diem. POST will also reimburse 100% of actual time and one-half salary paid:

a) For an officer directly replacing another officer who is in training.

b) For an officer attending training on days off (pay at officer's rate).

c) For an officer traveling to/from training (on days off limit of 16 hours).

d) Payment at rate of officer covering shift.

Generally, Plan II courses are certified to an agency, California Community Colleges or other entities which have their own source of funding. Backfill courses must meet subject/curriculum criteria established by the commission and be at least 8 hours in length to qualify for reimbursement.

3. **POST Plan III**

Plan III pays for student travel, per diem, and tuition. Courses requiring inordinately high presentation cost are considered for Plan III certification. Certification is contingent upon fund availability. These courses must not be restricted to agency personnel of the course presenter. Plan III courses are not approved for high volume training.

4. **POST Plan IV**

Plan IV pays for student travel and per diem. Generally Plan IV courses are certified to a California Community Colleges or other entities having their own source of funding. Any non-reimbursable materials fees or administrative fees must be declared on the Certification Request form and Certification Announcement forms. All such fees or modification thereof must be approved by POST.

5. **POST Plan V** *(Suspended - not available)*

Law enforcement agencies that are POST reimbursable may also be reimbursed for presentation costs based on a per student hour rate. Presentation reimbursement shall not exceed 100% of the agencies cost for each presentation. The agency must submit to POST a Course Budget (POST 2-106) which identifies the course costs and declares all subvention funds or equipment that off-set these costs. Presentation costs reimbursement will only apply to those students who are full time employees and employed by a POST reimbursable agency.

6. **POST Plan N/A**

POST Plan N/A does not pay any costs but does allow credit toward the Continuing Professional Training requirement. Plan N/A generally applies to conferences certifications.

e. Materials Fees

Materials fees are costs charged to attendees for Community College registration and consumable student supplies. These fees are non-reimbursable.

f. Disclosure:

When POST certifies courses with tuitions or fees, all costs must be fully disclosed. POST reserves the right to approve or disapprove any subsequent tuition, fee or materials charge. This applies to both reimbursable and non-reimbursable charges. (See paragraph "o" for additional fiscal requirements.)

g. POST staff and presenters shall develop and use appropriate means of evaluating course effectiveness. Examples include use of the POST Course Evaluation Instrument (CEI), course certification reviews, on-site monitoring, surveys, or other methods deemed necessary.

h. Courses may be certified which will be presented in conjunction with association or organizational meetings or conferences. Similarly, courses will not be certified to associations if attendance is restricted to only association members. Courses may be restricted to law enforcement only.

i. POST may certify courses in management/labor relations, but will not certify courses to train management and/or employees in the techniques of labor negotiations.

j. No course will be certified which restricts attendance to a single agency unless the specific purpose of the course is to improve the agency and attendance by outside agency personnel would compromise the effectiveness of the training.

k. Certification to out-of-state presenters will normally not be considered. Exception will be made only with Commission approval.

l. Courses are certified on a fiscal year basis (July 1 through June 30), and are subject to annual review and recertification.

m. Certification requests for courses which involve manipulative or psychomotor skills must provide provisions for student, instructor and public safety. Certification requests must contain the presenter's general safety policy, course specific policy (if applicable) the presenter's student/instructor injury response protocols and identify the instructional staff-to-student ratio. Such policies must identify phone/radio communications for emergencies. The expanded course outline must identify and reflect discussion on all safety elements from the course specific safety policy prior to any such activities. Specific information concerning student safety is identified in the document POST Guidelines for Student Safety in Certified Courses. This document is available on request.

n. After a course is certified, Course Quality Assessment Reviews are conducted by POST Staff.

The Course Quality Assessment Review minimally includes classroom presentation monitoring as well as a review of required course documentation, such as the expanded course outline, instructor resumes, hourly distribution schedules, budgets and pertinent safety policies. In addition, an on-site visit provides the opportunity to evaluate the training facility, adequacy of instructional delivery, adult learning methodologies, and instructional equipment.

o. State funds approved but not expended in the presentation of a Plan I or Plan III course will be returned to the POST reimbursement unit with a written explanation. Presenters must retain receipts and cancelled checks as verification of expenditures associated with presentation of all courses. POST certified course presenters may be audited by POST staff or the State Controllers Office at anytime.

FORMS USED FOR CERTIFICATION & PRESENTATION OF TRAINING COURSES

There are seven (7) forms used in requesting certification and presenting POST Certified courses. They are:

a. Course Certification Request Control Sheet:

This form is used to initially evaluate and submit a new course proposal to POST. It is the cover control sheet used as a checklist to ensure all forms are attached and that all processes were followed prior to submission of the certification request package.

b. Course Certification Request (POST 2-103):

This form is submitted by the course coordinator to POST and is the basis for obtaining certification of a training course. (See attachment A)

c. Course Budget (POST 2-106): *(Used Only For Plans I & III)*

This form is submitted with the Course Certification Request if tuition is to be charged for the course or if the course presenter is a POST reimbursable law enforcement agency and is seeking Presentation Costs reimbursement.
(See attachment B)

d. Course Announcement (POST 2-110):

This form is submitted to obtain POST approval for each presentation of a certified course. (See attachment C)

e. Course Roster (POST 2-111):

This form is used to identify persons attending a given class and is submitted to POST at the conclusion of each course. (See attachment D)

f. Corrections form (POST 1-140):

This form is used to notify POST of corrections after the Course Announcement and/or the Course Roster has been submitted. NOTE: Corrections to the course roster must be made on an "**Amended Course Roster**" that is marked as such at the top of the form. (See attachment E)

g. Course Evaluation Instrument (POST 2-245):

The Course Evaluation Instrument (CEI) is distributed to each student by the course coordinator on the first day of the presentation. Completed forms are to be collected on the last day of the course and submitted to POST with the Course Roster. (See attachment F)

h. Training Reimbursement Request (POST 2-273):

This form is submitted to presenters by reimbursable agency attendees. This is also the form used to report Backfill reimbursement claims for Plan I or II classes. It is the responsibility of the course coordinator to collect the form for submission to POST with the Course Roster. Reimbursable trainees who have forgotten to bring a Training Reimbursement Request form should be instructed to have their agencies follow-up directly with the POST Administrative Services Bureau to obtain reimbursement. (See attachment G)

These forms are available from POST upon request at 916-227-3930.

PRIOR TO CERTIFICATION

CERTIFICATION PROCESS

In order for a course to be considered for POST certification the following sequence must be followed:

1. Contact your Region Consultant in the Training Delivery Bureau.

   Discuss the proposed course. The T.B. Consultant will discuss course certification requirements and advise as to the unmet need for the training in question. Courses will not be approved or disapproved telephonically. Review the Course Certification Request Control Sheet: This form is used to initially evaluate and submit any new course proposal to POST (this includes requests for additional Skills and Knowledge Modules). It is the cover control sheet used as a checklist to ensure all forms are attached and that all processes were followed prior to submission of the certification request package.

2. Complete the Course Certification Request Form (POST 2-103).

   The certification request, along with supporting documents, should be received by POST at least **60 calendar days** prior to the first planned presentation. **Presentations should not be scheduled or advertised with the implication that POST certification is pending**. (Refer to attachment A for instructions for completing the Certification Request Form)

3. Prepare an Expanded Course Outline

   The expanded course outline shall **minimally include subject topics to the third level of outline detail (I., A., 1)**. This suggests sufficient detail to indicate technical information in the subject areas for consultant approval. (Example formats are included in attachment H)

   - **All course learning objectives and method of testing are to be included in the expanded course outline.**
   - **Descriptions of learning activities, scenarios or event simulations must be included with the expanded course outline when they are part of a training course.**

4. Prepare an Hourly Distribution Schedule

   The hourly distribution schedule must indicate the date and time of each instructional block, the title of each instructional block, and the name(s) of the instructors assigned. (Example formats are included in attachment I)

5. Prepare a Resume for each instructor

   Resumes should contain the instructor's education, job experience, teaching experience, and background as it relates to the specific subjects to be taught. Recent and relevant knowledge should be reflected in the resume. **Only the summary (one page) POST Resume form should be used** (Example format included in attachment K)

6. Prepare the Course Budget (POST 2-106) if the proposed course will require a tuition or if the presenter is a POST reimbursable agency and is requesting Presentation Cost reimbursement. Most POST courses do not meet the criteria for course budgets.

   (Attachment B contains a Course Budget form and instructions for completion.) Check with your POST Training Delivery Bureau Region Consultant prior to completing this form.

CERTIFICATION SUBMISSION TO POST

After the Course Certification Request and supporting documents are received by POST, they will be processed as follows:

a. Review by Training Delivery Bureau:

   The POST Training Delivery Bureau will review the course certification request and supporting documents. TD staff may return the packet to the presenter without action in the following instances:

   1. The certification package is incomplete

   2. The need for the course has not been substantiated

   3. Certification may adversely affect other certified programs

   4. Certification is not cost-effective

   Completed packages meeting POST certification criteria will be submitted to the POST Executive Director with a recommendation for action.

b. Executive Director Action

   The Executive Director has the option to:

   1. Certify the course

   2. Deny Certification

   3. Certify the course with modifications or conditions

4. Defer action until a later date

The applicant will be notified in writing of the Executive Director's decision.

c. Commission Action:

The Executive Director shall report all newly certified courses to the Commission at the next regular Commission meeting. Any person who has applied to have a course certified and is not satisfied with the decision of the Executive Director may appeal the decision to the Commission. The applicant may appear before the Commission and offer oral testimony in the appeal.

An applicant for certification of a course wishing to appear personally before the Commission must notify the POST Executive Director in writing at least 45 days before the scheduled Commission meeting so that required notifications can be published and distributed.

Commission meetings are normally held quarterly. The date, time and location of a scheduled Commission meeting may be obtained by contacting the POST Executive Office.

d. **Courses will not be retroactively certified**. A certification request must be received and approved prior to course advertisement and presentation. This requires the **sixty day minimum** advance of the certification package to POST Training Delivery Bureau.

ONCE A COURSE IS CERTIFIED

ANNUAL RECERTIFICATION

Courses are certified by fiscal year (July 1 through June 30). Each certified course is reviewed prior to the start of a new fiscal year. The review includes evaluation of continuing need for each course, currency of curricula, and continuing adherence to the terms of certification.

A course that has not been presented within one year of the time of review shall be put on an "inactive" list; unless the presenter can provide a date(s) for presentation(s) during the forthcoming fiscal year. "Inactive" courses will be decertified at the end of one year on the inactive list, unless presentation dates were provided.

POST files must contain current copies of the Expanded Course Outline, Hourly Distribution Schedule, Instructor Resumes, (Safety Guidelines and Course Budgets if applicable).

CERTIFICATION PERIOD

A course shall remain certified for the specified number of presentations during a fiscal year, provided that it is presented in the manner in which it is certified, and subject to the stipulations or restrictions established by POST.

VALIDITY OF COURSE CERTIFICATION

A course that has been certified is valid for presentation only by the presenter receiving the certification. The course certification is not transferable to nor can it be "loaned" or "borrowed" by another presenter.

CERTIFIED COURSE NOT TO BE CHANGED

A POST Certified Course is not to be changed or modified without prior POST approval. This restriction applies to: numbers of students, budgets, instructors, hours, locations, or course content additions/ deletions.

BASIS FOR REIMBURSEMENT

Only training courses that are certified by POST with an assigned certification number are reimbursable.

PROPER PUBLICITY

A course must be publicized under the exact title with which it is certified by POST. The POST nine digit course certification number should be printed on course announcements, brochures, or publications. It will be clearly stated that the publicized offering is "POST certified." Courses are not to be advertised as "POST certified" or "POST certification pending" until actual certification control numbers are received from POST.

COURSE NUMBERING SYSTEM

Each course certified is assigned a nine digit Course Certification Number. The first four digits identify the presenter and the next five digits indicate the course category or type of training. For example, the Sacramento Training Center has a certified Supervisory Course. The Course Certification Number is 2970-00400; 2970 specifies the presenter, and 00400 indicates a Supervisory course. Additionally, when a Course Announcement (POST 2-110) is forwarded to POST for approval of a specific presentation, an additional five digits, the Course Presentation Number is added to the Course Certification Number. The fourteen digit number becomes a Course Control Number, and identifies a particular presentation of a specified course. A Course Control Number for the first presentation of the above example course in fiscal year 00/01 would be 2970-00400-00001.

PRIOR TO A PRESENTATION

COURSE ANNOUNCEMENT

A Course Announcement **must** be submitted to POST **30 calendar days** in advance of a scheduled presentation. The course shall not be presented until the Course Announcement has been approved by POST and returned to the course presenter with a Course Control Number. (See attachment C for Course Announcement form (POST 2-110) and instructions for completing the form.)

COURSE HOURLY DISTRIBUTION SCHEDULE

An Hourly Distribution Schedule **must** be attached to each Course Announcement. The Hourly Distribution Schedule should indicate daily schedules in time blocks allocated to major subject areas. The instructor(s) name should be included for each time block. (See attachment I for examples of Hourly Distribution Schedules.)

AFTER A PRESENTATION

Within **10 calendar days** after a course presentation is completed, the following documents must be submitted to POST:

- **COURSE ROSTER**

  The Course Roster (POST 2-111) provides POST with a record of all trainees who have attended a POST-Certified Course. The information is used for reimbursement purposes and to maintain and verify training records. (See attachment D for Course Roster form and instructions for completing the form.)

- **COURSE EVALUATION INSTRUMENTS**

  Course Evaluation Instruments (POST 2-245) shall be completed by each trainee listed on the Course Roster and attached (not stapled) to the Course Roster. (See attachment F for copy of the Course Evaluation Instrument.)

- **CORRECTIONS FORM**

  The Corrections form (POST 1-140) is used to notify POST of corrections or errors on the Course Announcement or Course Roster. If after the Course Announcement or Course Roster has been sent to POST, the course coordinator becomes aware of errors on the form(s), POST shall be notified immediately. (See attachment E for copy of the Corrections form.) **Actual corrections to the originally submitted Course Roster shall be made on a roster form clearly marked "Amended Course Roster" with all course control information.**

- **TRAINING REIMBURSEMENT REQUESTS**

  The Training Reimbursement Request forms (POST 2-273) should be collected from trainees at the beginning of the course. These forms should be stapled together with the Course Roster on top. (See attachment G for copy of Training Reimbursement Request form.)

COURSE CERTIFICATION REQUEST CHECKLIST

(See attachment J for Course Certification Request Control Sheet :

This form is used to initially evaluate and submit a new course proposal to POST. It is the cover control sheet used as a checklist to ensure all forms are attached and that all processes were followed prior to submission of the certification request package.

With this pink control sheet as the top cover sheet, attach all appropriate certification package documents (all new certification requests for proposed courses including additional Skills and Knowledge Modules).

ATTACHMENT A

COURSE CERTIFICATION REQUEST

and

INSTRUCTIONS FOR COMPLETION OF CERTIFICATION REQUEST

State of California

COURSE CERTIFICATION REQUEST

POST 2-103 (5/1/00)

Department of Justice
Commission on Peace Officer Standards and Training
1601 Alhambra Boulevard
Sacramento, California 95816-7083

1. AGENCY SUBMITTING REQUEST			FOR POST USE ONLY COURSE I.D. NUMBER
2. COURSE TITLE			
3. COLLEGE AFFILIATION		4. PLAN REQUESTED	COURSE CATEGORY
5. COURSE LENGTH HOURS:	6. FORMAT ____ HOURS PER DAY ____ DAYS PER WEEK ____ WEEKS	7. PRESENTATIONS PER YEAR	8. UNITS GRANTED ____ SEM. ____ QTR.

9. PARTICIPATING LAW ENFORCEMENT AGENCIES AND ESTIMATED NUMBER OF YEARLY TRAINEES FROM EACH AGENCY

10. ENROLLMENT RESTRICTIONS		11. MAXIMUM NUMBER OF STUDENTS
12. RESIDENCY REQUIRED ☐ YES ☐ NO	13. LIVING ACCOMMODATIONS ☐ ON CAMPUS ☐ COMMERCIAL ☐ NOT APPLICABLE	14. COST MEALS _____ TUITION _____ LODGING _____ OTHER _____
15. ADDRESS OF COURSE SITE		

16. FACILITIES - NUMBER AND SIZE OF CLASSROOMS

17. COURSE OBJECTIVES AND NARRATIVE DESCRIPTION OF COURSE (USE ADDITIONAL SHEETS OF PAPER IF NECESSARY)

18. METHOD OF PRESENTATION (INDICATE ALL TECHNIQUES USED) ☐ LECTURE ☐ DEMONSTRATION ☐ SIMULATION ☐ ROLE PLAYING ☐ CONFERENCE ☐ OTHER	19. NUMBER OF INSTRUCTORS

20. TRAINING AIDS USED

21. TEXTS AND REFERENCE MATERIAL

22. REQUIRED PROJECT	23. METHOD OF EVALUATING STATED OBJECTIVES	
24. NAME AND TITLE OF PERSON REQUESTING COURSE CERTIFICATION	25. CONTACT NUMBER	26. DATE OF REQUEST

FOR POST USE ONLY

RECEIVED: ☐ COURSE OUTLINES ☐ RESUMES ☐ HOURLY DISTRIBUTION SCHEDULE ☐ BUDGET (Plan I or III) ☐ SAFETY POLICY	COMMISSION ACTION	DATE
REVIEWING CONSULTANT		

The following numbers correspond to the numbered spaces on the form:

1. AGENCY SUBMITTING REQUEST: Enter name of school, agency, individual, or firm submitting the request for certification.

2. COURSE TITLE: Enter the proposed title of the course.

3. COLLEGE AFFILIATION: If the course is given by a non-college presenter but is affiliated with a college, enter the name of that college.

4. POST COURSE CATEGORY: Enter the proposed POST category of the course (e.g. Basic, Advanced Officer, Technical, approval).

5. COURSE LENGTH IN HOURS: Enter the total training hours of the course.

6. FORMAT: Enter the chronological arrangement of the course (hours per day, days per week, total number of weeks).

7. PRESENTATIONS PER YEAR: Enter the anticipated number of times the course will be given during the fiscal year (July 1 through June 30).

8. UNITS GRANTED: Enter the number of semester or quarter units given for the course. If the course will not be affiliated with a college, mark "N/A".

9. PARTICIPATING LAW ENFORCEMENT AGENCIES AND ESTIMATED NUMBER OF TRAINEES FROM EACH AGENCY: List the law enforcement agencies and estimated number of annual attendees.

10. ENROLLMENT RESTRICTIONS: Enter any prerequisites necessary for admittance to the class (e.g., preparatory training, approval of chief, sworn police officer, etc.).

11. MAXIMUM NUMBER OF STUDENTS: Enter the maximum number of trainees that will be permitted to enroll in each class.

12. IS RESIDENCY REQUIRED: Check appropriate space to indicate whether or not the trainee is required to reside at the course site. Normally, residency cannot be required.

13. LIVING ACCOMMODATIONS: Check the appropriate space to indicate where living accommodations are available. If the course is one which the trainees commute daily, check "not applicable."

14. COSTS: Indicate any tuition, fees or material costs in the appropriate space. If tuition is charged, this request must be accompanied by a detailed course budget. If there are costs other than tuition, meals and lodging, give details in narrative (space 18).

15. ADDRESS OF COURSE SITE: Enter address where course is to be actually presented. If course is to be presented at several different locations, write "several" and give details in narrative (space 18).

16. FACILITIES, NUMBER AND SIZE OF CLASSROOMS: Enter the number and size (approximate dimensions) of classrooms in which the course will be presented.

17. COURSE OBJECTIVES AND NARRATIVE DESCRIPTION OF COURSE: List the specific instructional objectives of the course. A brief narrative description should be included which can be used in the comments section of the catalog of POST Certified Courses.

18. METHOD OF PRESENTATION: List all instructional techniques to be utilized in presenting the course.

19. NUMBER OF INSTRUCTORS: Enter the number of instructors to be used.

20. TRAINING AIDS USED: Describe the training aids to be used.

21. TEXTS AND REFERENCE MATERIALS: Identify the textbooks or other reference material to be used.

22. REQUIRED PROJECT: Enter any required project, if applicable.

23. METHOD OF EVALUATING STATED OBJECTIVES: Enter how achievement of course objectives will be evaluated and measured (e.g., written examination, performance examination, learning experience, critique, etc.).

24. NAME AND TITLE OF PERSON REQUESTING COURSE CERTIFICATION: Self-explanatory

25. CONTACT NUMBER: Self-explanatory.

26. DATE OF REQUEST: Self-explanatory.

ATTACHMENT B

TUITION GUIDELINES and COURSE BUDGET

COURSE BUDGET

State of California — Department of Justice
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
1601 Alhambra Boulevard
Sacramento, California 95816-7083

1. AGENCY PRESENTING THE COURSE	2. COURSE CATEGORY
3. COURSE TITLE	

4. BUDGET SUMMARY COSTS	COST	
	SUBTOTAL	TOTAL
DIRECT COSTS		
A. Services		
(1) Instruction		
(2) Coordination		
(3) Clerical		
(4) Printing/Reproduction		
TOTAL SERVICES		
B. Supplies		
(1) Books/Pamphlets/Handouts		
(2) Certificates		
(3) Notebooks		
(4) Paper/Office Supplies		
TOTAL SUPPLIES		
C. Equipment		
D. Travel		
(1) Coordinator		
(2) Instructors		
TOTAL TRAVEL		
E. Miscellaneous		
TOTAL DIRECT COSTS		
INDIRECT COSTS		
GRAND TOTAL		

5. SUBVENTIONS	
TOTAL SUBVENTIONS	

6. NAME OF PERSON SUBMITTING BUDGET AND DATE

POST USE ONLY

Total	Number of Students	Tuition per Student	Actual Course Presentation Cost

POST APPROVAL AND DATE	COURSE CERTIFICATION NUMBER

INSTRUCTIONS FOR COMPLETING THE COURSE BUDGET

The Course Budget (POST 2-106) is to be completed and submitted for courses that require a tuition or are being presented for reimbursement of actual course presentation costs. Refer to Commission Regulation 1054 for budget guidelines.

Complete each space as follows:

1. **AGENCY PRESENTING THE COURSE:** Enter the name of the agency that will present the course.

2. **COURSE CATEGORY:** From the list below, enter the POST Course Category of this course:

Basic	Management	Technical
Supervisory	Executive	Seminar

3. **COURSE TITLE:** If the course has a descriptive title other than the POST category, enter the title of the course (e.g., POST Category - Technical Course; Course Title - Advanced Hostage Negotiations).

4. **BUDGET SUMMARY COST:** Enter the cost of each item included in Items A thru E in the appropriate cost column box.

5. **SUBVENTIONS:** Enter the total dollar amount of subventions from Item 12.

6. **NAME OF PERSON SUBMITTING BUDGET AND DATE:** The individual submitting the course budget must sign and date the form.

BUDGET DETAILS

7. **SERVICES:** Provide a narrative explanation (e.g., name of the individuals, number of hours the individuals will teach, and the hourly rate to be paid) of each item listed in Item 4(A) which is included in this budget.

8. **SUPPLIES:** Provide a narrative explanation of each item listed in Item 4(B) (e.g., list the specific item, quantity needed, and cost for each) which is included in this budget.

9. **EQUIPMENT:** Provide a narrative explanation (e.g., list each piece of equipment and the cost for each) if Item 4(C) is included in this budget.

10. **TRAVEL:** Provide a narrative explanation (e.g., list the name of each individual who will be travelling and any costs that may be incurred) of each item listed in Item 4(D) which is included in this budget.

11. **MISCELLANEOUS:** If Item 4(E) is included with this budget, use this space to specify the item and cost for each.

12. **SUBVENTIONS:** Agency presenters identify the course, type and cash value of any subventions received from outside funding sources. Subventions shall include, but are not limited to, fees, grants, gifts, Full-time Equivalent Student (FTES) shares from community college affiliations, and the monetary equivalent of services, equipment or materials provided in support of the course.

BUDGET DETAILS

7. SERVICES			COST
A. Instuction			
Name	No. of Instructor Hours	Hourly Rate $	
B. Coordination			
Name	No. of Coordinator Hours	Hourly Rate $	
C. Clerical			
Name	No. of Hours	Hourly Rate $	
D. Printing/Reproduction			
Item		Cost $	
		TOTAL	

8. SUPPLIES			
A. Books/Pamphlets/Handouts			
Item	Quantity	Cost $	
B. Certificates			
Item	Quantity	Cost $	
C. NoteBooks			
Item	Quantity	Cost $	
D. Office Supplies			
Item	Quantity	Cost $	
		TOTAL	

BUDGET DETAILS

9. EQUIPMENT		COST
Item	Specific Cost $	
	TOTAL	

10. TRAVEL				
A. Coordinators Name	Origin & Destination	Mode of Transportation	Specific Costs (e.g., Transportation, per diem, etc.) $	
B. Coordinators Name	Origin & Destination	Mode of Transportation	Specific Costs (e.g., Transportation, per diem, etc.) $	
			TOTAL	

11. MISCELLANEOUS		
Item	Cost $	
	TOTAL	

AGENCY PRESENTERS ONLY

12. SUBVENTIONS			
Source of Subvention	Type of Subvention (cash, equipment, services, etc.)	Cash Value of Subvention $	
		TOTAL	

TUITION GUIDELINES

APPROVED EXPENSES FOR ESTABLISHING TUITION

The following guidelines apply to planning and presenting courses where POST will be paying all or a portion of the instructional costs. These guidelines identify the expenses that may be claimed in establishing tuition when completing the POST Course Budget Form (POST 2-106).

Pages 2 and 3 of the budget form must be completed listing the costs for each of the categories which apply. Costs for each category must be individually totaled and transferred to page 1 of the Course Budget. The Course Budget must be submitted with the Course Certification Request.

DIRECT COSTS

Direct costs are those costs which are directly incidental to the presentation of a POST certified course. The Course Budget should show the average costs for a single presentation. If a category cost is based upon several presentations, it should be explained and prorated for the single presentation.

DEVELOPMENT COSTS

Development cost for new courses, or costs of revising an existing course may be claimed when such development or revision is specifically requested by POST. All requests for development costs must be approved by the POST Executive Director. If development costs are approved, they must be pro-rated over the total number of presentations approved within the fiscal year.

GUIDELINES FOR IDENTIFYING COSTS

A. SERVICES

1. INSTRUCTION COSTS:

   a. **Up to $35** per hour for each certified hour of instruction per instructor. It is expected that fringe benefits and instructor preparation, when applicable, will be included in this amount. All amounts above this rate must be approved based on submitted written justification to POST.

   b. **Up to $90** per instructional hour in instances of special need for particular expertise in an instructional area, which must be based upon acceptable written justification.

   c. Normally, only one instructor per certified hour will be approved. Team teaching may be approved based upon acceptable written justification.

2. COORDINATION COST:

a. POST will pay fees for coordination based on the type of services performed. Coordination is categorized as either General or Presentation.

(1) General Coordination:

General Coordination refers to the development, planning, and maintenance of a course. This includes activities such as: scheduling, selecting instructors, eliminating duplication of subject matter, providing alternate instructors or instruction as necessary, allocating topic time periods, evaluating instructors, selecting training sites, supervising support staff, and administrative reporting.

General Coordination costs may be charged as follows:

- $55 for each 8 hours, or portion thereof, of a presentation not to exceed $440

(2) Presentation Coordination:

Presentation Coordination refers to **on-site** activities associated with course quality control. Generally, this implies tasks such as insuring attendance of instructors, arranging for alternate instructors as needed, and being responsible for the development of a positive learning environment. The presentation coordinator is expected to be in the classroom or in the immediate vicinity, to resolve problems that may arise.

Presentation Coordination fees may be charged as follows:

- Up to $15 per certified hour

- Up to $25 per certified hour, with POST approval, if supported by written justification showing a need for a greater degree of subject matter expertise.

Note: Instructors cannot claim Presentation Coordination costs while instructing. Students can not serve as the Presentation Coordinator

3. CLERICAL SUPPORT:

Clerical costs are allowed up to $15 per hour based on the following formula:

Certified Course Length	Clerical Support
24 hours or less	40 hours maximum
25 to 40 hours	50 hours maximum
Over 40 hours	100 hours maximum

4. PRINTING/REPRODUCTION:

Actual expenses for brochure and handout printing or reproduction may be allowed. Expenses shall include a per sheet cost breakdown.

B. SUPPLIES

1. BOOKS/PAMPHLETS/HANDOUTS:

Actual expenses may be allowed provided each expense is identified and appropriate. Expendables, such as programmed tests may be allowed in the same manner. Textbooks may be pro-rated as a one-time expenditure for use in future class presentations.

If the course is decertified, or if the texts are no longer necessary in the course, they shall be delivered to POST for disposition.

2. CERTIFICATES:

Actual expenses may be allowed provided each expense is identified and appropriate.

3. NOTEBOOKS:

Actual expenses may be allowed provided each expense is identified and appropriate

4. PAPER/OFFICE SUPPLIES:

Actual expenses may be allowed provided each expense is identified and appropriate.

C. EQUIPMENT:

Films, videos and similar expensive instructional equipment should normally be rented or obtained without charge from various sources available. When rental costs for multiple presentations will exceed the costs of acquisition, purchase may be appropriate. In these instances, purchase cost should be pro-rated over a reasonable number of presentations based on the items' anticipated service life.

Instructional materials or equipment which are purchased shall remain the property of POST. Consistent with state regulations new equipment shall have property inventory tags attached and corresponding numbers recorded for audit/inventory purposes.

D. TRAVEL:

1. COORDINATOR TRAVEL:

An estimate should be made of necessary coordinator travel expenses. Mileage expenses for local area travel are allowed only when travel exceeds 25 miles one way or if travel is necessary to additional course sites. If a course presentation is authorized outside the presenter`s local area, travel expenses are allowable in accordance with the prevailing state rate covering travel and per diem.

2. INSTRUCTOR TRAVEL:

An estimate should be made of necessary instructor travel expenses. Mileage expenses for local area travel are allowed only when travel exceeds 25 miles one way or if travel is necessary to additional course sites. If a course presentation is authorized outside the presenter`s local area, travel expenses are allowable in accordance with the prevailing state rate covering travel and per diem.

E. MISCELLANEOUS:

The presenter should identify any other direct costs associated with the presentation of the courses. This may include such things as meeting room rental, telephone expenses and postage costs.

F. INDIRECT COSTS:

Generally indirect costs are viewed as the presenter' administrative and operational overhead. Indirect costs do not require justification, but may not exceed 20% of the total direct costs.

G. SUBVENTIONS:

Identify the source, type and cash value of any subventions from outside funding sources. Subventions shall include, but not limited to, fees, grants, gifts, Full-time Equivalent Student Shares (FT) from Community College affiliations, and the monetary equivalent of services, equipment or material provided in support of the course.

H. CALCULATION OF TUITION:

All budget costs for one presentation are added, then subtract any subventions, to determine the total cost. The total cost is then divided by the maximum number of students, which determines the tuition cost per student

OVER-ENROLLMENT POLICY:

POST policy allows a course administrator to exceed maximum enrollments up to 20% on a given presentation. This is done to accommodate for unavoidable under-enrollment due to students who do not show up or cancel their reservations. It is the presenters responsibility to monitor over-enrollment in a POST certified tuition course so that by the end of the certification period, and as nearly as possible, the total number of students does not exceed the maximum number established by the terms of certification.

As an example, in a certification period a course is certified for 4 presentations with a maximum number of 25 students for each offering. At the end of the certification period, if all 4 presentations were completed, the total number of students should not exceed one hundred.

Over-enrollment that is not properly managed and adjusted during the certification period may result in one of the following:

(1) Reduction of tuition
(2) Require presentation(s) without tuition
(3) Require presenter to provide prorated refunds to trainees
(4) Decertification of the course

ATTACHMENT C

COURSE ANNOUNCEMENT FORM

(POST 2-110)

and INSTRUCTIONS for COMPLETING FORM

COURSE ANNOUNCEMENT

State of California — Department of Justice
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
1601 Alhambra Boulevard
Sacramento, California 95816-7083

A. COURSE CERTIFICATION NUMBER	F. BASIC COURSE ONLY–LIST DATES OF DRIVER TRAINING
B. CERTIFIED COURSE TITLE/SKILLS AND KNOWLEDGE MODULE TITLE	G. TOTAL CERTIFIED HOURS / H. HOURS FOR THIS PRESENTATION
C. COURSE PRESENTER	I. TOTAL NO. OF TRAINING DAYS / J. MAXIMUM ENROLLMENT
D. ADDRESS WHERE TRAINING WILL BE PRESENTED	K. DATES (excluding weekends) CLASS WILL NOT BE HELD

E. COURSE PRESENTATION DATES AND TIMES

STARTING DATE _____ TIME _____ ENDING DATE _____ TIME _____

L. FOR PC 832 AND RESERVE MODULE A COURSES ONLY

Does presentation include: 24-Hour PC 832 Firearms Course ☐ YES ☐ NO
40-Hour PC 832 Arrest Course ☐ YES ☐ NO

Arrest Course Test Date _____

NAME OF PC 832 COORDINATOR OR ARREST TEST PROCTOR (print) | PHONE ( )

M. TUITION $ _____ | N. DRIVER TRAINING FEE $ _____

O. TRAVEL

If the nearest off-site lodging is greater than five miles from the training site, complete the following:

The nearest off-site lodging is _____ miles from the training location.

If travel for course instruction is required off-site, complete the following:

Transportation is furnished to the other site by: ☐ TRAINEE ☐ OTHER (explain) _____

How many miles is the other training site from site indicated in (D) above? _____ (round trip)

How many trips will be required? _____

P. LODGING

If lodging is arranged by the course presenter, complete the following:

Is there a mandatory lodging requirement? ☐ YES ☐ NO

Lodging charge per trainee, per day is $ _____.

Lodging is provided: ☐ Monday-Friday only ☐ Monday-Sunday (inclusive) ☐ Other _____

Q. MEALS

If meals are arranged by the course presenter, complete the following:

Meal charge per trainee, per day is $ _____.

Meals provided: ☐ Breakfast ☐ Lunch ☐ Dinner

Meals are provided: ☐ Monday-Friday only ☐ Monday-Sunday (inclusive) ☐ Other _____

R. COMMENTS

S. SIGNATURE OF COORDINATOR OR AUTHORIZED DESIGNEE (Signatory attests that course curriculum is the same as that currently certified.) | T. DATE FORM COMPLETED | U. PHONE ( )

FOR POST USE ONLY

APPROVING AUTHORITY	DATE APPROVED	COURSE CONTROL NUMBER

COMMENTS

POST 2-110 (Rev. 9/94)

(Instructions on reverse side, pink copy)
Return green and yellow copies - keep pink copy for your records

COURSE ANNOUNCEMENT PROCEDURES AND INSTRUCTIONS

PROCEDURES:

a. Deadline for submission:

The Course Announcement **must** be submitted to POST at least 30 calendar days prior to the offering of the course. An Hourly Distribution Schedule must be attached to each Course Announcement.

b. Course Control Number:

After a Course Announcement has been reviewed and approved by POST, the final digits are added to the course certification number. This action changes the course certification number to a course control number and identifies a particular offering of a specific course. The course control number should be used when making any references pertaining to a particular course offering.

c. Sequence for Submission:

Each time a course is offered, a new Course Announcement and Hourly Distribution Schedule **must** be submitted for POST approval.

d. Concurrent Sessions:

If two sessions of the same certified course are scheduled to run concurrently, two Course Announcement forms should be submitted. In the comments section of each Course Announcement, a notation should be made this is one of two sessions of the same course being offered concurrently.

e. Modification Procedures:

Once the Course Announcement has been approved by POST, the course coordinator becomes aware of a need to make any course changes, such as dates of presentation, scheduled times, location, POST must be contacted for approval prior to the presentation. Corrections for Course Announcements/Rosters (POST 1-140) may be used for this notification. Corrections to Course Rosters shall be made on a new course roster identified by **"Amended Course Roster."** These forms are available from POST on request.

f. Approval:

Once the course control number has been assigned by POST to a particular course presentation, it is recorded on the Course Announcement and a copy of the form is returned to the coordinator. The returned Course Announcement signifies course approval and is the authority for the presentation of a certified course.

INSTRUCTIONS:

The Course Announcement shall be completed and submitted to POST each time a certified course is to be offered. Each lettered space on the form should be completed as follows:

a. ***Course Certification Number:***
Enter the POST approved course certification number for the course.

b. ***Certified Course Title:***
Enter the title approved by POST as shown in the Catalog of Certified Courses, PAM Section D-14.

c. ***Course Presenter:***
Enter the name of the school, agency, individual, or firm certified to present the course.

d. ***Address Where Course Will be Presented:***
Enter the address where the main course of instruction will take place.

e. ***Course Presentation Dates and Times:***
Enter the dates and times the course is scheduled to begin and end.

f. ***Basic Course Only-list Dates of Driver Training:***
If the Course Announcement is for a Basic Course presentation, enter the dates of the "behind the wheel" driver training. This information will be used to determine if a trainee completed this training and whether his/her agency is eligible for reimbursement of the Driver Training fee.

g. ***Total Certified Hours:***
Enter the total number of hours approved on the certification Confirmation letter.

h. ***Hours for This Presentation:***
Enter the number of hours of instruction for this course presentation.

i. ***Total Number of Training Days:***
Enter the number of classroom days that training will be presented.

j. ***Maximum Enrollment:***
Enter the maximum number of trainees that will be allowed to enroll for this course presentation. This must conform to the maximum number of students permitted by the course certification conditions.

k. ***List Dates That Class Will Not be Held:***
Enter as appropriate. Particular attention should be paid to local or school holidays in addition to legal holidays. It is not necessary to list weekend dates unless they would be normal class days.

l. ***Tuition:***
Enter the POST approved tuition amount charged per trainee. For Basic Course presentations enter the amount charged for the Driver Training portion of the course.

m. ***Travel:***
Enter number of miles from the training site to the closest off-campus accommodation if the closest affordable lodging accommodation is greater than 5 miles.

Occasionally trainees are required to travel to locations away from the normal training site, i.e., to a shooting range. If this course presentation includes training at another location, complete the appropriate spaces on the form as follows:

(1) Indicate if a trainee must provide his/her own transportation to another site or if the course presenter has made arrangements for the transportation of the trainees. If the latter is the case, explain the arrangements made and any cost to the trainee or agency.

(2) Indicate the number of round-trip miles for one round trip to the other training site.

(3) Enter the total number of round trips required to attend training at another site.

n. ***Lodging:***
If lodging is arranged by the presenter, provide the information necessary for POST to process subsistence reimbursement by completing the applicable spaces.

A mandatory lodging requirement indicates that all trainees are required to reside at the accommodations provided/arranged by the presenter with no exceptions.

If the lodging accommodations arranged by the presenter cannot be provided for the full length of the course, it will be necessary at the end of the course to provide POST with an itemized report of the number of lodging days charged for each trainee. Situations of this type should be avoided if possible.

o. ***Meals:***
If meals are arranged by the presenter, enter the daily meal charge, and check the applicable space(s) explaining what meals are provided for this charge. Check the applicable space indicating the days of the week meals are arranged by the presenter.

p. ***Comments:***
Enter information that will serve to clarify or supplement the course presentation information.

q. ***Signature of Coordinator:***
The course coordinator or designee must sign the Course Announcement.

r. ***Phone:***
It is important that POST has the phone number of the coordinator in the event there is a need for additional data or clarification of information.

s. ***Name of Alternate:***
The name of the alternate coordinator is essential to provide a contact person when the coordinator is not available.

ATTACHMENT D

COURSE ROSTER and INSTRUCTIONS for COMPLETING FORM

COURSE ROSTER

State of California — Department of Justice
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
1601 Alhambra Boulevard
Sacramento, California 95816-7083

A. COURSE CONTROL NUMBER	B. COURSE TITLE	C. COURSE PRESENTER	D. COURSE PRESENTATION DATES FROM _____ TO _____

	E. NAME OF TRAINEE (LAST, FIRST, M.I.) (PRINT OR TYPE)	F. SOCIAL SECURITY NUMBER	G. TRAINEE STATUS: CHECK ONE				H. TIME BASE: CHECK ONE		DEPARTMENT OR AGENCY	NUMBER COURSE HOURS ATTENDED	K. SUCCESSFULLY COMPLETED COURSE		PC 832 CODE	M. COMMENTS (CONTINUE ON REVERSE)
			PEACE OFFICER	RESERVE OFFICER	DIS-PATCHER	NON-PEACE OFFICER	FULL-TIME	PART-TIME			YES	NO		
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														
13.														
14.														
15.														
16.														
17.														

N. SIGNATURE OF COORDINATOR	O. DATE	P. TELEPHONE	Q.
		( )	PAGE _____ OF _____ PAGES

POST 2-111 (7/96) (p. 1 of 2)

SECTIONS E—K MUST BE COMPLETED FOR ALL TRAINEES
INSTRUCTIONS ON REVERSE

INSTRUCTIONS FOR COMPLETION OF THE COURSE ROSTER FORM

The Course Roster form is to be completed and submitted by the course coordinator to POST within ten days following completion of the course [Refer to PAM, Regulation 1055(i)]. The trainee information for sections E - I can be obtained from the Training Reimbursement Request (TRR), POST 2-273, submitted to you by trainees from agencies in the POST Reimbursement Program. For those trainees without TRRs, the information must be provided either by the trainee or his/her employing agency.

Complete the lettered sections of the form for each trainee attending the course presentation. Ditto marks may be used where appropriate. Typed information is preferred.

A. **COURSE CONTROL NUMBER:** Enter the course control number assigned by POST on the approved Course Announcement form POST 2-110.

B. **COURSE TITLE:** Enter the title of the course as indicated on the course certification.

C. **COURSE PRESENTER:** Enter name of the school, agency, individual, or firm authorized to present the course as indicated on the course certification.

D. **COURSE PRESENTATION DATES:** Enter beginning date and ending date of training.

E. **NAME OF TRAINEE:** Enter the names of all trainees enrolled in this course by last name, first, middle initial.

F. **SOCIAL SECURITY NUMBER:** Enter each trainee's social security number. This number will be used on appropriate POST records as a reliable identifier.

G. **TRAINEE STATUS:** For each trainee, check the most applicable box indicating the trainee's status. Brief definitions of each status follow:

Peace Officer - Is an employee subject to assignment of the prevention and detection of crime and the general enforcement of the criminal laws of this state.

Reserve Officer - Is an individual appointed as a Level I, II, or III Reserve Officer under the authority of Section 832.6 of the Penal Code.

Dispatcher - Is a non-peace officer who performs duties which include receiving emergency calls for law enforcement service and/or dispatching law enforcement personnel.

Non-Peace Officer - Is a civilian, non-sworn employee other than a dispatcher. (See dispatcher, if more applicable)

H. **TIME BASE:** For each trainee, check the most applicable box indicating the trainee's time base at the time of course attendance. Brief definitions of each time base follows:

Full-time Employment as defined by local charter or ordinance; and, the employee normally works in excess of 20 hours weekly or 87 hours monthly; and, the employee is tenured or has a right to due process in personnel matters; and, the employee is entitled to workers' compensation and retirement provisions as are other full-time employees of the same personnel classification in the department.

Part-time - Anything less than conditions specified in full-time definition.

NOTE: If submitting an Amended Roster, on top of form write or type Supplemental Sheet.

DEPARTMENT OR AGENCY: Enter the name of the current agency employing the trainee. If the trainee has no agency affiliation, enter "NONE".

J. **NUMBER COURSE HOURS ATTENDED:** Enter the total number of hours attended by the trainee. It is important that the instructor keep a daily account of the trainee's hours of attendance, as the hours will affect the reimbursement process.

PC 832 SPECIFIC

K. **COMPLETED COURSE:** Use the correct PC 832 Code under the columns **YES/NO** EXAMPLE: If a student successfully completed both the Arrest and Firearms segments a **B** would be placed under **YES.** If a student successfully completed the Arrest Segment and failed the Firearms segment place an **A** under **YES** and an **F** under **NO.** If student failed both the Arrest and Firearms segments place a **B** under **NO.**

L. **PC 832 CODE:** If presenting a PC 832 course, Arrest and Firearms, enter the appropriate code to signify which segments of the course were successfully completed by each trainee.

A = Arrest only **F** = Firearms only **B** = Arrest and Firearms

M. **COMMENTS:** If a student fails either or both segments of Arrest and Firearms explain why in the comments section.

K. **COMPLETED COURSE:** (YES/NO): Enter an "X" mark in the appropriate column. An "X" mark in the "Yes" column indicates the trainee satisfactorily completed all the requirements of the course. If the trainee has missed more than 5% of the certified hours of a Basic Course, or more than 10% of the certified hours of any other POST-certified course, attach a written statement explaining how successful completion was accomplished. [See PAM Regulation 1055(i)].

An "X" mark in the "No" column indicates the trainee failed to complete all the requirements of the course. If "No" is marked, explain reason for failure in Comments, section M.

L. See section "L" above.

M. **COMMENTS:** Use this section to explain anything that needs clarification on this roster. If there is insufficient space for your comments in section M, enter "see reverse" and indicate your comments in the space below.

N. **SIGNATURE OF COORDINATOR:** The course coordinator or designee shall sign the Course Roster form.

O. **DATE:** Enter date signed.

P. **TELEPHONE:** It is important that POST staff have the phone number of the coordinator in the event there is need for additional data or clarification of information.

Q. **PAGE OF PAGES:** Record the Course Roster page number followed by the total number of Course Roster pages submitted. This is done to account for all pages submitted.

Comments:

INSTRUCTIONS FOR COMPLETION OF COURSE ROSTER

The Course Roster (POST 2-111) is to be completed and submitted to POST each time a certified course has been presented.

Enter the appropriate information in the lettered sections of the form for each trainee attending the course presentation. Ditto marks may be used where appropriate.

a. ***Course Control Number:***
Enter the course control number assigned by POST on the approved Course Announcement (POST 2-110).

b. ***Course Title:***
Enter the title of the course as indicated on the course certification.

c. ***Course Presenter:***
Enter the name of the school, agency, individual or firm authorized to present the course as indicated on the course certification.

d. ***Course Presentation Dates:***
Enter beginning date and ending date of training.

e. ***Name of Trainee:***
Enter the names of all trainees enrolled in this course by last name, first name, middle initial. Names should appear in the same order as on the Training Reimbursement Request, (POST 2-273) attached behind the Course Roster. Trainees whose employers are not eligible for reimbursement should be listed in alphabetical order on the roster following the names shown on the Training Reimbursement Request forms.

f. ***Social Security Number:***
Enter each trainee`s social security number. This number is used on POST records as a reliable identifier.

g. ***Trainee Status:***
If the trainee`s name did not appear on a Training Reimbursement Request form, check the most applicable box indicating the trainee`s status. Brief definitions of each status follows:

(1) Peace Officer - Is an employee described as a peace officer as described in Penal Code Chapter 4.5, starting at Section 830.

(2) Reserve Officer - Is an individual appointed as a Level I, II, or III Reserve Officer as described in Section 832.6 of the Penal Code.

(3) Dispatcher - Is a non-peace officer who performs duties which include receiving emergency call for law enforcement services and/or dispatching law enforcement personnel.

(4) Non-Peace Officer - is a civilian, non-sworn employee other than a dispatcher. (See dispatcher, if more applicable)

h. ***Time Base:***
For each trainee, check the most applicable box indicating the trainee`s time base at the time of course attendance. Brief definitions of each time base follows:

(1) Full-time Employment - As defined by local charter or ordinance; and the employee normally works in excess of 20 hours weekly or 87 hours monthly; and the employee is tenured or has a right to due process in personnel matters; and the employee is entitled to workers` compensation and retirement provisions as are other full-time employees of the same personnel classification in the department.

(2) Part-time - Anything less than conditions specified in full-time definition.

i. ***Department or Agency:***
Enter the name of the current agency employing the trainee. If the trainee has no agency affiliation, enter "NONE".

j. ***Number Course Hours Attended:***
Enter the total number of hours attended by each trainee. It is important that the instructors keep an accurate daily account of each trainee`s hours of attendance, because the hours are used to determine the appropriate amount of reimbursement.

k. ***Satisfactory Completion? (YES/NO):***
Enter an "X" mark in the appropriate column. An "X" mark in the "YES" column indicates the trainee satisfactorily completed all the requirements of the course.

A Written statement from the Course Coordinator is required explaining how successful completion was accomplished when a trainee is reported as completing the course, but has missed more than 5% of the certified hours of the Basic Course or 10% of the certified hours of any other POST-certified course.

l. ***PC 832 Code:***
If presenting a PC 832 course, Arrest and Firearms, enter the appropriate code to signify which segments of the course were completed by each trainee.

(1) A = Arrest only

(2) F = Firearms only

(3) B = Arrest and Firearms (Both)

m. ***Comments:***
Use this section to explain anything that needs clarification on this roster. If there is insufficient space for comments in section M, enter your comments in the comments section on the reverse of this form.

n. ***Signature of Coordinator:***
The course coordinator or designee shall sign the Course Roster form.

o. ***Date:***
Enter date signed.

p. ***Telephone:***
It is important that POST staff have the phone number of the coordinator in the event there is need for additional data or clarification of information.

q. ***Page of Pages:***
Record the Roster page number followed by the total number of Roster pages submitted. This is done to account for all pages submitted.

ATTACHMENT E

CORRECTIONS FORM

CORRECTIONS TO BE MADE IN COURSE ANNOUNCEMENTS/ROSTERS	State of California — Department of Justice COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING 1601 Alhambra Boulevard Sacramento, California 95816-7083
Course Control Number	Date
Presenter	
Course Title	
Dates of Presentation	
Change	
Coordinator Signature	Telephone Number ( )

POST 1-140 (Rev. 10/93)

ATTACHMENT F

COURSE EVALUATION INSTRUMENT (CEI)

POST Course Evaluation Instrument (CEI)

CONTROL SHEET

Instructions

1. For ***each*** course, one completed copy of this form must be attached to the CEIs submitted to POST for processing. CEIs submitted without a CONTROL SHEET will be returned, unprocessed, to the course presenter.

2. The course title, Course Control Number and course start date ***must be identical*** to those that appear on the Course Announcement.

   - If the course start date was changed ***after*** submission of the Course Announcement, indicate the originally scheduled start date in Box E.

3. Return completed CEIs, with a completed CONTROL SHEET attached to:

POST Scanning Unit
1601 Alhambra Boulevard
Sacramento, CA 95816-7083

A, Course Title	
B. Course Control No. (See reverse side) _ _ _ _ - _ _ _ _ _ _ - _ _ _ _ _	C. Course Start Date
D. Course Presenter	E. Course Start Date as Originally Scheduled
F. Name of Person Completing this Form	G. Telephone Number ( )

FOR POST USE ONLY

COURSE CONTROL NUMBER

When entering the COURSE CONTROL NUMBER, note that:

CCN: _ _ _ _ - _ _ _ _ _ - _ _ _ _ _
1 2 3 4 5 6 7 8 9 10 11 12 13 14

1. **Columns 1-4 are the presenter code. If you have only a three-digit presenter code, enter a "0" in column 4.**

2. **Columns 5-9 are the certified course number.**

3. **Columns 10-14 are the course presentation number. Columns 10 and 11 denote the fiscal year. Columns 12, 13 and 14 are the sequence number for the course during the presentation year (001, 002, etc.).**

COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
COURSE EVALUATION INSTRUMENT

This form is used to collect student evaluations of all POST-certified training courses. The information that you furnish is used by both the course presenter and by POST to ensure that the training provided is of the highest quality. Please give complete and candid answers to all questions. Space is provided at the end of the form for comments.

Course Title: _____

Course Start Date: ☐☐ *Year* ☐☐ *Month* ☐☐ *Day*

POST Course Control Number: ☐☐☐☐ – ☐☐☐☐☐ – ☐☐☐☐☐

Your Name (optional): _____

Your Agency (optional): _____

On the remainder of this form, with the exception of your written comments, you will be coding your responses. Please observe the following directions for marking your responses.

- **Use black lead pencil only (number 2 1/2 or softer).**
- **Do not use ink or ball point pens.**
- **Make heavy black marks that fill up the oval completely.**
- **Erase cleanly any mark you wish to change.**
- **Make no stray marks on the form.**
- **Examples of correct and incorrect ways of marking responses:** CORRECT ⬬ INCORRECT ⊙ ⬭ ⊘ ⊗

Using the scale below, indicate the extent to which you agree with each of the statements that follow. Enter your responses by blackening the appropriate oval after each statement.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Somewhat Agree	5 Agree	6 Strongly Agree

1. **What I learned in the course will have a positive impact on my career.**	①	②	③	④	⑤	⑥
2. **A good mix of instructional techniques was used in the course (lecture, demonstration, role play, group problem solving, etc.)**	①	②	③	④	⑤	⑥
3. **The course material was too difficult.**	①	②	③	④	⑤	⑥
4. **Overall, the instructor(s) was(were) responsive to the needs of the students.**	①	②	③	④	⑤	⑥
5. **The course material was well organized and presented in a systematic manner.**	①	②	③	④	⑤	⑥
6. **The course material was too theoretical and not practical.**	①	②	③	④	⑤	⑥
7. **Overall, the instructor(s) made good use of training aids (handouts, films, etc.)**	①	②	③	④	⑤	⑥
8. **The course was worth my time and effort.**	①	②	③	④	⑤	⑥
9. **The course material was too elementary.**	①	②	③	④	⑤	⑥
10. **The course objectives were clearly stated.**	①	②	③	④	⑤	⑥
11. **Overall, the instructor(s) was(were) knowledgeable.**	①	②	③	④	⑤	⑥
12. **Good use was made of exercises and other "learning by doing" activities in the course.**	①	②	③	④	⑤	⑥

Respond to the following item only if the course contained training situations that were potentially hazardous and could result in student injury (weaponless defense, firearms, etc.):

13. **Potentially hazardous situations were identified for students and appropriate safety procedures were closely followed during training.**	①	②	③	④	⑤	⑥

Respond to the following item only if an examination was given:

14. **The test was a good measure of the material covered in the course.**	①	②	③	④	⑤	⑥

BACKGROUND INFORMATION: Blacken the oval in front of your response.

15. **I attended this course because:**
    - ⬭ I asked to take it.
    - ⬭ I was assigned to take it, but did not mind.
    - ⬭ I was assigned to take it, against my wishes.

CONTINUED ON REVERSE

© SCANTRON CORPORATION 1999 ALL RIGHTS RESERVED.

BACKGROUND INFORMATION: (Continued)

16. **My current employer:**

- ⬭ Municipal Police Department
- ⬭ Sheriff's Department
- ⬭ California Highway Patrol
- ⬭ College/University Police Department
- ⬭ District Attorney's Office
- ⬭ Federal Law Enforcement Agency (FBI, Parks, Military, etc.)
- ⬭ Marshal's Office
- ⬭ Other Criminal Justice Agency (Probation, Corrections, etc.)
- ⬭ Other State Law Enforcement Agency
- ⬭ Private Security
- ⬭ Other
- ⬭ Not Currently Employed

17. **My rank/classification:**

- ⬭ Police Officer
- ⬭ Deputy Sheriff
- ⬭ State Traffic Officer
- ⬭ Special Agent
- ⬭ Deputy Marshal
- ⬭ Detective/Investigator
- ⬭ Corporal
- ⬭ Sergeant
- ⬭ Supervising Investigator
- ⬭ Lieutenant
- ⬭ Captain or Above
- ⬭ Other Peace Officer
- ⬭ Reserve Officer
- ⬭ Dispatcher
- ⬭ Supervising Dispatcher
- ⬭ Other Non-Peace Officer

18. **My current assignment:**

- ⬭ Patrol
- ⬭ Administration
- ⬭ Bailiff
- ⬭ Civil
- ⬭ Custody
- ⬭ Investigation
- ⬭ Juvenile
- ⬭ Probation
- ⬭ Traffic
- ⬭ Training
- ⬭ Communications
- ⬭ Records
- ⬭ Other
- ⬭ Do not work in a criminal justice agency

19. **My sex:**

- ⬭ Male
- ⬭ Female

20. **My race/ethnicity:**

- ⬭ American Indian
- ⬭ Asian
- ⬭ Black
- ⬭ Filipino
- ⬭ Hispanic
- ⬭ Pacific Islander
- ⬭ White
- ⬭ Other

21. **My age:**

⬭ 18 - 21 ⬭ 22 - 29 ⬭ 30 - 39 ⬭ 40 - 49 ⬭ 50 - 59 ⬭ 60+

COMMENTS/SUGGESTIONS: Students comments regarding a course and it's instructor(s) frequently provide the most important and useful information about the course. Please take the time to respond to the following questions.

22. **What are the greatest strengths of the course (course content, instruction, etc.)?**

_____

_____

23. **What are the greatest weaknesses?**

_____

_____

24. **How should the course be improved?**

_____

_____

25. **Other:**

_____

_____

_____

_____

_____

ATTACHMENT G

TRAINING REIMBURSEMENT REQUEST

POST 2-273
(TRR)

TRAINING REIMBURSEMENT REQUEST
POST AUTOMATED REIMBURSEMENT SYSTEM

State of California — Department of Justice
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING
1601 Alhambra Boulevard
Sacramento, California 95816-7083

This form must be completed by a participating reimbursable agency to request reimbursement for an employee(s) attending a POST-certified course. A separate form must be completed for each course attended.
THIS FORM MUST BE PRESENTED TO THE COURSE COORDINATOR/INSTRUCTOR ON OR BEFORE THE FIRST DAY OF TRAINING.

A. AGENCY	C. COURSE CONTROL NUMBER
B. CERTIFIED COURSE TITLE	D. COURSE PRESENTATION DATES START: END:

COMPLETE THIS SECTION IN ITS ENTIRETY

	E. NAME OF TRAINEE(S) (LAST) (FIRST) (M.I.)	F. SOCIAL SECURITY NUMBER	G. TRAINEE STATUS (CHECK ONE)				H. (CHECK ONE)	I.	J. TRANS-PORTATION (CHECK ONE)			K. ALLOWANCE REQUESTED			L.	M.	N.
			PEACE OFFICER	RECORDS SUPERVISOR	DISPATCHER	NON-PEACE OFFICER	RESIDENT TRAINEE	COMMUTER TRAINEE	DRIVER OF VEHICLE	PASSENGER IN VEHICLE	OTHER	SUBSISTENCE	COMMUTER LUNCH	TRAVEL	NUMBER OF BACK-FILL HOURS	BACK-FILL HOURLY SALARY	STATION ASSIGNED OTHER THAN HEADQUARTERS
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	

I attest that I am a duly authorized official of the herein-named agency requesting reimbursement and to the best of my knowledge the information stated above is true and correct and in conformance with Commission Regulations. I also attest that each trainee for whom reimbursement is requested will attend the POST-certified course named above in an on-duty status of employment and that each trainee listed is a full-time paid employee of the herein-named agency. ***I also attest that back-fill cost will be incurred as noted in columns L & M.*** *This agency will pay expenses for subsistence, commuter lunch, travel and tuition associated with the course, as requested for each trainee listed on this form.*

O. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL	P. PRINT NAME OF PERSON COMPLETING FORM	Q. TELEPHONE NO.	R. DATE
		( )	

FOR POST USE ONLY

COMMENT	AGENCY CONTACTED	AMOUNT PAYABLE
	☐ YES ☐ NO	

Instructions on Reverse

INSTRUCTIONS FOR COMPLETING TRAINING REIMBURSEMENT REQUEST FORM

An agency participating in the POST Reimbursement Program is required to complete the Training Reimbursement Request form in order to receive reimbursement. No other action is required to receive reimbursement for expenses related to that training unless otherwise specified by POST.

Instructions for completing the form:

A. **AGENCY:** Enter the name of the participating reimbursable agency submitting the request for reimbursement.

B. **CERTIFIED COURSE TITLE:** Enter the certified course title. The certified course title must be the same as shown in the Certified Course Catalog, Section D-14 of the POST Administrative Manual. The certified course title may be obtained from the course presenter. Do not depend on brochures or other course advertisements as the source for certified course titles.

C. **COURSE CONTROL NUMBER:** Enter the course control number. The course control number may be obtained from the course presenter.

D. **COURSE PRESENTATION DATE:** Enter the date(s) the course started and ended.

E. **NAME OF TRAINEE(S):** Enter the last name first, followed by the first name and middle initial.

F. **SOCIAL SECURITY NUMBER:** Enter the trainee's social security number. This number will be used on appropriate POST records as a reliable identifier.

G. **TRAINEE STATUS:** For each trainee, check the most applicable box indicating the trainee's status. Brief definitions of each status follow:

Peace Officer - An employee subject to assignment of the prevention and detection of crime and the general enforcement of the criminal laws of this state.

Records Supervisor - A full-time, non-peace officer who performs law enforcement records supervisor duties 50% or more of the time within a pay period.

Dispatcher - A non-peace officer who performs duties which include receiving emergency calls for law enforcement service and/or dispatching law enforcement personnel.

Non-Peace Officer - Is a civilian, non-sworn employee. (See dispatcher or records supervisor, if more applicable)

H. **RESIDENT TRAINEE:** Place an "X" in this column if the trainee, while attending the course, takes lodging and meals at or near the course site for the entire duration of the course.

Note: A trainee not meeting all the conditions of the resident trainee definition and who resides for only a portion of the course, must be shown as a commuter trainee.

I. **COMMUTER TRAINEE:** Place an "X" in this column if the trainee will travel daily between his or her department, or normal residence, and the course site.

J. **TRANSPORTATION:** Place an "X" in the appropriate column indicating the mode of transportation used.

Place an "X" in "Driver of Vehicle" column if the trainee is the driver of a private, agency, or rental vehicle used for transportation to and from the training site.

Place an "X" in "Passenger in Vehicle" column if the trainee was a passenger in, not the driver of, a private, agency, or rental vehicle. If driving was shared by one or more trainees, indicate only one trainee as the driver.

Place an "X" in "Other" column if any other mode of transportation, such as commercial air travel, was used.

K. **ALLOWANCE REQUESTED:** This section is to be completed to indicate whether subsistence, commuter lunch, and/or travel reimbursement is requested. An "X" in a column indicates that the agency will pay those associated expenses to or for the trainee. Place an "X " in the appro priate columns for which reimbursement is requested.

L. **NUMBER OF BACK-FILL HOURS: Enter the number of hours for which another officer(s) will provide back-fill while the trainee attends the course. To qualify for reimbursement, back-fill overtime expense <u>must</u> be incurred and <u>must</u> be directly connected to this training course.**

M. **BACK-FILL HOURLY SALARY: Enter the actual hourly overtime salary rate, not to exceed time-and-one-half that will be paid to another officer to provide back-fill. If more than one officer will provide back-fill on an overtime basis, enter either the lowest or the average of the actual rates that will be paid.**

N. **STATION ASSIGNED OTHER THAN HEADQUARTERS:** For an agency having more than one station where personnel are assigned, identify the substation of assignment in this column.

O. **SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:** Legal and other provisions require that an authorized person properly sign the completed Training Reimbursement Request form. The authorized official of the department or jurisdiction must sign his or her full name and title. If a signature stamp is used, or if someone is authorized to sign for the department head, the person affixing the stamp or signing must also sign his or her name in full.

P. **NAME OF PERSON COMPLETING FORM:** Enter the name of the person completing the form.

Q. **TELEPHONE NUMBER:** Enter the complete telephone number, including area code and extension number, of the person to contact regarding questions on the form.

ATTACHMENT H

SAMPLE EXPANDED COURSE OUTLINE

MARSHAL'S ADVANCED OFFICER COURSE

EXPANDED COURSE OUTLINE

		Hours
I.	Registration/Orientation	1
II.	Warrants	4

A. Service of Warrants
1. Requirement of the original warrant
2. Certified copies from the Sheriff's Office
3. Electronic abstracts (T-Cite)
4. Warrants cleared by arrest
5. Warrants cleared by bail
6. Warrants cleared with action
7. Warrants returned to file/unable to serve
8. Warrants cleared without action
9. Warrants recalled

B. Officer Safety
1. Ten deadly errors (handout)
2. Law enforcement code of ethics (handout)
3. Law enforcement officers assaulted/killed (statistics summary)
4. Slide presentation/officer safety (warrants & field problems)

C. Summary/Conclusion
1. Emphasize follow department policy
2. Stress officer safety
3. Question/answer session

III.	Narcotics Investigation	3

A. Identification of Narcotics
1. Common packaging used to transport different types of narcotics
2. Common quantities most generally seen and used in different types of narcotics
3. Identification of narcotics paraphernalia
4. "Plain Sight Rule" as a legal search
5. "Search Incidental to a Lawful Arrest" as a legal search
6. Assistance in obtaining and serving search warrants

IV.	PCP/Phencyclidine	3

A. Type of drug
1. Dosage/medical dosage
2. Clandestine usage

B. Method of manufacturing
1. Materials used/apparatus used
2. Procedure
   a. Odors present

C. Dangers/safety considerations
   1. Indoor/outdoor lab
   2. Procedures/safety measures

D. Other clandestine laboratories
   1. Amphetamine
   2. Methamphetamine

V. Civil Liability 4

A. Basis for liability

B. Who may be sued
   1. Government entity
   2. The negligent officer
   3. Administrator

C. Problem areas
   1. Negligence
   2. Arrest
   3. Personnel matters
   4. Failure to act
   5. Application of 42 U.S.C. 1983

D. Damages
   1. Compensatory
   2. Punitive

E. Protecting the officer
F. Hiring
G. Release of information
H. Miscellaneous

VI. Search and Seizure 4

A. Probable cause to detain
B. Probable cause to arrest
C. Arrest with warrants
D. Searches
   1. Vehicle
   2. Residency
   3. Personal property
   4. Pat down

VII. Baton/Defensive Tactics/Officer Safety 4

A. Take downs
B. Cuffing techniques
C. Baton review
D. Weapons retention
E. Practical review of all techniques

VIII. Test and Evaluation 1

ATTACHMENT I

EXAMPLES OF HOURLY DISTRIBUTION SCHEDULES

Date_____

TRAFFIC ACCIDENT INVESTIGATION COURSE

MONDAY		INSTRUCTOR
0800 - 0830	Registration and Orientation	B. L. Smith
0830 - 0900	Statistical Data and Overview	B. L. Smith
0900 - 1000	Traffic Enforcement Index - Selective Enforcement	B. L. Smith
1000 -1200	Collision Investigation Manual	J. A. Clay
1300 - 1700	Scene Diagramming	C. K. Jones
TUESDAY		
0800 - 1200	Physical Evidence	B. L. Smith
1300 - 1500	Vehicle Code	C. K. Jones
1500 - 1700	Intoxicated Drivers	C. K. Jones
WEDNESDAY		
0800 - 1200	Skidmarks	B. L. Smith
1300 - 1700	Skidmarks (Practical Application on Course)	B. L. Smith
THURSDAY		
0800 - 1000	Hit & Run Investigation	C. K. Jones
1000 - 1200	Lab Analysis of Physical Evidence	D. L. Brown
1300 - 1700	Accident Investigation (Practical Exercise on Course)	B. L. Smith
FRIDAY		
0800 - 1200	Accident Investigation (Practical Exercise, cont.)	B. L. Smith
1300 - 1600	Case Presentation for Prosecution	R. S. Fuentes
1600 - 1700	Evaluation	B. L. Smith

Example - Hourly Distribution Schedule

ATT14b.Dis

TRAFFICE ACCIDENT INVESTIGATION COURSE

Date:_____

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00	Reg/Orient. - B.L. Smith Stat Overview - B.L. Smith	Physical Evidence - B.L. Smith	Skidmarks - B.L. Smith	Hit & Run Inv. - C.K. Jones	Accident Inv. (Practical App.) - B.L. Smith
9:00	Traffic Enf. Index - B.L. Smith	↕	↕	↕	↕
10:00	Collision Inv. Manual - J.A. Clay	↕	↕	Lab Analysis of Phys. Evidence - D.L. Brown	↕
11:00	↕	↕	↕	↕	↕
12:00	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**	**LUNCH**
1:00	Scene Diagramming - C.K. Jones	Vehicle Code - C.K. Jones	Skidmarks (Practical App.) - B.L. Smith	Accident Inv. (Practical App.) - B.L. Smith	Case Pre./Prosecution - R.S. Fuentes
2:00	↕	↕	↕	↕	↕
3:00	↕	Intoxicated Drivers - C.K. Jones	↕	↕	↕
4:00	↕	↕	↕	↕	Evaluations - B.L. Smith
5:00					

Hourly Distribution EXAMPLE

ATTACHMENT J

COURSE CERTIFICATION REQUEST CONTROL SHEET

POST CERTIFICATION REQUEST CONTROL SHEET *

Proposed Course Title: _____ **Date :** ___/___/___

Submitting Presenter: _____

I. Consultation?

A. Did you **contact your regional POST Consultant** before developing/submitting this proposed course? **Y / N**

Consultant Recommendation: _____

II Demonstrated Need?

A. Is there a demonstrated **Unmet Need** expressed by a survey of agencies, Training Needs Assessment, and a commitment of trainees/students? **Y / N**

B. Are there **Existing Courses** available locally or that can be imported into the area to meet this need? **Y / N**

C. Is the course an **Expressed Priority** by legislation, POST Commission (regulation or policy)? **Y / N**

D. Is there required **POST Standardized Curriculum**? **Y / N**
If so, did you request a copy of the curriculum from your POST consultant/staff? **Y / N**

III Demonstrated Capability?

A. Did you identify **Instructional Expertise/Capability on the POST resume form?** **Y / N**

B. Do you have **Adequate and Safe training facilities** for this proposed course? **Y / N**

C. Has this proposal been reviewed and **approved by your Agency Training Manager, Chief/Sheriff**, (or equivalent **presenter curriculum manager**)? **Y / N**

D. Have you or your Agency Training Managers **attended the POST Course Coordinators Workshop**? **Y / N**
If so, when was the last time attended? ___/___/_____ Location _____

E. Did you develop and attach all of the following **Required Certification Package Elements**? **Y / N**

1. **Course Certification Request Form** #2-103 (for S&K's first time only) _____
2. **Hourly Distribution** (to include an instructor's column) _____
3. **Expanded Course Outline** (minimally required to the third level of detail) _____
4. **Resumes for all Instructor's** (POST one page form with coordinator's approval signature) _____
5. **Safety Guidelines** (General & Course Specific with ratios identified) - for all manipulative courses) _____
6. **POST Budget Forms** (Plan 1 and 3 courses only - see POST guidelines) _____
7. If **POST Standardized Course,** did you include the minimum required curriculum? Did you cross-reference or underline the minimum required course subject elements in your expanded course outline? _____

IV Approval Submission

A. Is the attached **Certification Package** being submitted to POST the required **60 days** in advance of desired course presentation date(s)? **Y / N**

B. Is the **Course Announcement Form(s) POST 2-110** prepared to be submitted a minimum of **30 days** in advance of the presentation date(s) (if the course is certified by POST for presentation)? **Y / N**

V Course Administration Requirements

A. Do you understand your responsibility to submit the **Course Roster (POST 2-111); Course Evaluation Instruments (POST 2-245); and Training Reimbursement Request Forms (POST 2-273)** with the **POST Cover Control Sheet** within **10 days** of each course presentation? **Y / N**

_____	_____	_____
Person Requesting/Authorizing Course Certification (Signature & Print Name)	**Presenter (Agency/College)**	**Phone**

PLEASE ATTACH THIS CONTROL SHEET AS THE COVER FORM TO YOUR CERTIFICATION PACKAGE

ATTACHMENT K

SAMPLE RESUME

Commission on Peace Officer Standards and Training

CONFIDENTIAL

INSTRUCTOR RESUME

Date: _____

ID#: _____

PERSONAL INFORMATION

Name _____ Occupation _____

Employer _____ Address _____

City _____ State ____ Contact Telephone ( ) _____

Length of Service _____ Position/Rank _____

Law enforcement experience relative to teaching assignment _____

_____

_____

EDUCATION

Highest degree obtained _____ College/University _____

Major _____ POST Certificates _____

California teaching credential: Yes ___ No _____

EXPERIENCE

Teacher training _____

_____

Prior teaching experience _____

_____

Specialized experience/training relative to teaching assignment __

_____

_____

This Course Title: _____ CCN: _____

Subjects assigned to teach: 1. _____
2. _____
3. _____

_____	_____	_____
Signature of Coordinator	Presenter	Phone Number

POST USE ONLY

POST Approval: _____

RESUME.INS (6-95)