

APPLICATION FOR TRAINING PROGRAM CERTIFICATION
PEACE OFFICER STANDARDS AND TRAINING BOARD
PFN 8

Instructions

The Application for Training Program Certification form is to be used by POST Certified instructors to obtain approval for classes they will teach, or for training coordinators to apply for approval for training programs they will be hosting for their agency. Without prior approval of a training program, officers may not be able to earn continuing education hours for attending.

Specific instructions for completing this form are as follows:

Agency

The parent agency of the instructor/coordinator should be printed in this area.

Phone

The telephone number to be used to contact the instructor/coordinator should be placed in this area.

Address

The physical mailing address of the agency should be printed in this area.

Title of Program

The title/name of the program being submitted for approval should be printed in this area.

Training Site

The location that the class is going to be conducted should be printed in this area. If the class is going to be held in more than one place, use the location for the first session.

Program Dates

The date that the class is going to be conducted should be placed in this area. If the class is going to be held more than once, use the date of the first session.

Estimated Hours

The best estimate in hours of the length of the training program should be placed in this area.

Methods of Instruction

Place a check mark on the line for all methods of instruction that will be used during the course. If a method is not listed on the form, place a check mark on the line "other" and describe the method used to the right of the word "other".

Visual Aids

Place a check mark on the line for all visual aids that will be used during the course. If a visual aid is not listed on the form, place a check mark on the line "other" and describe the visual aid used to the right of the word "other".

Title of Texts and Reference Materials

All texts or reference materials that were either used in preparing the course, or will be used during the presentation of the course, should be listed in this area.

Subject Title/Hours/Instructor

This area is to be used to list the instructors who will be presenting the training program. For a course with only one instructor, the course title may be used and the name of that instructor should be printed on the appropriate line. If the training program will consist of more than one instructor or more than one subject, each of the separate subjects and instructors should be printed in this area with the respective estimated hours for each.

Performance Objectives Evaluation Method

Place a check mark by the appropriate method that will be used to measure whether or not the students meet the performance objectives. More than one method may be checked.

Type of Certification Requested

Place a check mark on the time period requested for the certification, either one year or four years.

Program Coordinator/Instructor

The person who is coordinating the training program or the POST certified instructor who will be teaching the training program must sign and date the application in this area.

Please note the information at the end of the form listing the other materials that must accompany the application for review by the Board.

A copy of this form should be retained by the instructor/coordinator and the original forwarded and received for approval 15 days prior to the training program being conducted to:

POST Board
PO Box 1054
Bismarck ND 58502-1054



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Agency:	Phone:	
Address:		
Title of Program:		
Training Location:		
Program Dates:	Estimated Hours: (1 hour increments)	
Methods of Instruction: (Check all that apply)		
<input type="checkbox"/> Lecture	<input type="checkbox"/> Simulation	<input type="checkbox"/> Field Trip
<input type="checkbox"/> Demonstration	<input type="checkbox"/> Role Playing	<input type="checkbox"/> Case Study
<input type="checkbox"/> Group Discussion	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Other
Visual Aids: (Check all that apply)		
<input type="checkbox"/> Chalk/White Board	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Computer Presentation
<input type="checkbox"/> Flip Charts	<input type="checkbox"/> Film/Slides	<input type="checkbox"/> Video
<input type="checkbox"/> Handouts	<input type="checkbox"/> CCTV	<input type="checkbox"/> Other
Title of Texts and Reference Materials:		
_____	_____	
_____	_____	
_____	_____	
_____	_____	

Subject Title	Hours	Instructor
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Performance Objectives Evaluation Method:

Written Evaluation (Test)

 Practical Exercise
 Case Study

 Demonstration

Type of Certification Requested:

Continuing (4 year maximum)

 Temporary (1 year maximum)

14. Program Coordinator/Instructor:

Print

Signature

Date

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED FOR APPROVAL 15 DAYS PRIOR TO THE PROGRAM BEING CONDUCTED. ATTACHED TO THIS FORM SHOULD BE:

- A course curriculum showing the date and location of the course, title of course, name of person or agency preparing the training program, students, course objective, terminal performance objectives, testing methods if applicable, method of instruction, course content (course outline for each subject covered), schedule of presentation, references and supporting materials; and
- Information concerning the instructors' education and experience if the instructors have not been certified by the board.

Within thirty days after the completion of a training program, the instructor/coordinator shall submit to the board a completed student roster on a form approved by the board.