

SAVE

RESET

PRINT

- IMPORTANT:** Prior to submitting this request, contact your [POST Regional Consultant](#) to determine that your course fills an ongoing, unmet training need.
- Refer to [POST Regulation 1053](#) which defines the certification criteria and steps for completing a certification request package.
- Sign the completed form, include ALL attachments, and email to your POST Regional Consultant.
- If additional space is needed, please attach additional sheets.
- You will be notified within 60 days of receipt regarding approval. Requests which are incomplete or missing attachments will NOT be processed.

SECTION 1. PRESENTER INFORMATION / COURSE JUSTIFICATION

1. COURSE PRESENTER/AGENCY	2. DATE OF REQUEST
----------------------------	--------------------

3. COURSE DEVELOPER *(If different from Presenter/Agency)*

4. JUSTIFICATION

Y N I have received approval from _____ that this course fills an ongoing, unmet training need.
 (POST Regional Consultant Name)

If NO, please explain: _____

5. IS THIS COURSE MANDATED? *(Check all that apply)*

Y N If YES, please specify: Legislative POST Perishable Skills Other:

SECTION 2. COURSE DESCRIPTION

6. COMPLETE COURSE TITLE	7. PROPOSED CPT HOURS
--------------------------	-----------------------

7. ESTIMATED COMPLETION TIME	8. COST PER STUDENT	9. PROPOSED CONTINUING PROFESSIONAL TRAINING (CPT) HOURS
------------------------------	---------------------	--

_____ hours to complete course	\$ _____ per student	_____ CPT hours
--------------------------------	----------------------	-----------------

10. BRIEFLY DESCRIBE THE TARGET AUDIENCE

11. IDENTIFY ANY PREREQUISITES OR SPECIFIC EXPERIENCE NEEDED FOR THIS COURSE

12. DESCRIBE COURSE

13. COURSE OR LMS URL <i>(if available)</i>	14. SECURITY ACCESS IF NEEDED <i>(Password, etc.)</i>
---	---

15. LIST ANY ADDITIONAL COURSE MATERIALS NEEDED *(e.g., apps, support materials, media, etc.)*

1)	3)
2)	4)

16. LIST THE COURSE CONTRIBUTORS WHO WORKED ON THE COURSE AND THEIR CREDENTIALS *(if the course is approved, they must enter an instructor resume in EDI)*

1)	3)
2)	4)

YOU MUST ATTACH THE FOLLOWING ITEMS:

- 1) Expanded Course Outline 2) Matrix 3) Prototypes, wireframes, or mockups

See POST Regulation [1053](#) for samples of Outline and Matrix

SECTION 3. AUTHORIZATION AND SIGNATURE

17. SUBMITTED BY	18. SIGNATURE
------------------	---------------

Print Name:

19. CONTACT NUMBER	20. EMAIL ADDRESS – REQUIRED
--------------------	-------------------------------------

() Ext

POST USE ONLY

21. REQUIRED ATTACHMENTS	22. CERTIFIED CPT HOURS	23. COURSE CONTROL NUMBER
--------------------------	-------------------------	---------------------------

Expanded Course Outline Matrix Proto/Wireframe/Mockup

24. REVIEWING CONSULTANT	25. CONTENT
--------------------------	-------------

Approved Denied Requestor Notified – Date: _____

26. REVIEWING STAFF	27. CERTIFICATION
---------------------	-------------------

Approved Denied Requestor Notified – Date: _____