Attachment B-2

State of California

SELF-PACED TRAINING COURSE CERTIFICATION REQUEST

POST 2-124 (8/26/06)

Department of Justice
Commission on Peace Officer Standards and Training
1601 Alhambra Boulevard
Sacramento, CA 95817-7083

1. AGENCY SUBMITTING REQUEST	2. COURSE TITLE	
3. COLLEGE AFFILIATION	4. COURSE LENGTH (4 hours maximum)	5. CONTINUING PROFESSIONAL TRAINING CREDIT ESTIMATED HOURS
6. FORMAT (Check all that apply) ☐ Web-Based Training ☐ CD-ROM ☐ BLENDED* Describe separately	6. AVAILABLE PRESENTATIONS MONTHS / YEARS	8. UNITS GRANTED SEMESTER QUARTER

9. LEGISLATIVE MANDATES, POST MANDATES OR PERSIHABLE SKILLS MANDATES THAT APPLY

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

11. IS ENROLLMENT RESTRICTED? IF SO, TO WHOM AND WHY?

12. COURSE UNIFORM RESOURCE LOCATOR AND/OR OTHER ACCESS INFORMATION

13. NEED AND JUSTIFICATION STATEMENT (USE ADDITIONAL PAPER, IF NECESSARY)

14. COURSE OBJECTIVES AND NARRATIVE DESCRIPTION OF COURSE (USE ADDITIONAL PAPER, IF NECESSARY)

15. MEDIA

☐ AUDIO ☐ VIDEO ☐ GRAPHICS ☐ ANIMATION ☐ OTHER – LIST ON ATTACHED PAGE

16. LIST THE LEARNING ACTIVITIES TO BE USED IN THE COURSE (USE ADDITIONAL PAPER, IF NECESSARY)

17. LIST THE PERFORMANCE SUPPORT TOOLS, JOB AIDS, TEXTS, AND REFERENCE MATERIALS ASSOCIATED WITH THIS COURSE (ATTACH ADDITIONAL PAGES IF NEEDED)

18. IS THERE A REQUIRED PROJECT?

☐ NO ☐ YES – DESCRIBE AND ATTACH PAGES IF NEEDED

19. METHOD(S) OF EVALUATING OBJECTIVES (USE ADDITIONAL PAPER, IF NECESSARY)

20. CERTIFICATION REQUESTOR'S NAME AND TITLE (	21. EMAIL ADDRESS	
22. SIGNATURE OF COURSE PRESENTER / AUTHORIZED DESIGNEE (In full)	23. DATE OF REQUEST	21. CONTACT NUMBER ( )

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☐ COMPLETION TIME ESTIMATE ☐ COURSE OUTLINE ☐ PROPOSED CONTINUING PROFESSIONAL TRAINING HOURS ☐ RESUMES

COMMISSION ACTION	DATE	COURSE I.D. NUMBER
REVIEWING CONSULTANT		COURSE CATEGORY

NOTES

ORIGINAL