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| **COURSE INFORMATION** | | | |
| PRESENTER | | REGION | |
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| COURSE NAME | | PRESENTER NO. | COURSE CONTROL NO. |
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| **FORM COMPLETED BY** | | | |
| NAME | PHONE | EMAIL | |
|  |  |  | |
| SUBMISSION DATE | | FISCAL YEAR | |
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If redaction is requested, please complete the table below:

| **Section to be Redacted\***  *(List each section separately and in chronological order)* | **Justification for redaction per Government Code**  *(Please be specific in justification)* | **Initial POST Bureau Approval or Denial** | **Initial POST Bureau**  **Justification for Denial** | **POST SCR Approval or Denial** | **POST SCR Justification for Denial** |
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