



# Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

dojmt.gov/post

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## APPLICATION FOR INDIVIDUALS SEEKING POST CREDIT HOURS FOR ONLINE COURSES

ARM 23.13.301 & 23.13.302

**Instructions:** This form is to be completed and submitted by an officer who attended training (including online training) which was not already approved for POST credit hours. This form must be submitted after the training takes place. This form must be submitted within one year of completion of the training. This form is the only document the individual needs to submit to POST.

### Applicant Information:

Full Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Personal Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Requirements:

**Please note the requirements for POST credit are:**

**1) if the course is taught by a Montana public safety officer, the officer must be a certified instructor. If the course is not taught by a Montana public safety officer, you must retain the instructor biography.**

- Is the instructor/s a Montana public safety officer? Yes No

- If the instructor/s is a Montana public safety officer, does the instructor/s have a POST instructor certificate? Yes No

- If the instructor/s is not a Montana public safety officer, do you have a copy of the instructor's biography/ies? Yes No

**2) you must complete this application and retain all required materials. Do NOT submit the materials to POST with this application.**

Do you have the following materials:

- a copy of the course certificate of completion? Yes No

- course outline, lesson plan, or agenda? Yes No

- study guide or course syllabus? Yes No

- student materials & handouts? Yes No

**3) the course must be a minimum of two hours in length**

Is the course at least 2 hours in length? Yes No

**4) the course must be open and advertised to all public safety agencies**

Is the course open and advertised to all public safety agencies? Yes No

**5) you must attend a minimum of 90% of the training**

Did you attend a minimum of 90% of the training? Yes No

**If you do not meet these requirements, you will not receive POST credit hours. The documents which you are required to retain may be audited by POST on a random basis.**

**Course Information:**

Course Name: \_\_\_\_\_

Date Taken: \_\_\_\_\_ Number of Course Hours: \_\_\_\_\_

Course Provider: \_\_\_\_\_ Provider Website: \_\_\_\_\_

**Instructor Information:**

Instructor Name(s): \_\_\_\_\_

(if available) Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Certification of Applicant:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of ARMs 23.13.301 and 23.13.302 have been met. I certify that I should be granted POST Training Credit Hours for this course.*

\_\_\_\_\_  
*Signature of Applicant* *Date*

**Certification of Agency:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of ARMs 23.13.301 and 23.13.302 have been met. I certify that this officer should be granted POST Training Credit Hours for this course.*

\_\_\_\_\_  
*Printed Name of Agency Head*

\_\_\_\_\_  
*Signature of Agency Head* *Date*

*E-mail:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

For POST Staff Use:

\_\_\_\_\_  
Reviewed by

\_\_\_\_\_  
Date