



# Montana Public Safety Officer Standards & Training Council

2260 Sierra Road East  
Helena, MT 59602

dojmt.gov/post

Phone: (406) 444-9975  
Fax: (406) 444-9978

## APPLICATION FOR INDIVIDUALS SEEKING POST CREDIT HOURS FOR ONLINE, OUT OF STATE, AND OTHER 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 N/A

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

- If you do not have a copy of the instructor's biography, and you wish to request a waiver of the requirement that you retain the instructor's biography, please outline the efforts you made to obtain the biography below:

- Do you have a copy of the documentation of the above efforts? 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

Do you have a copy of the course advertisement? (Not necessary for online courses)

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: \_\_\_\_\_ Course Location: \_\_\_\_\_

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

**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 Special Courses (Instructor Development, Firearms Instructor & SWAT Primary, proceed to page 3.**

For POST Staff Use:

\_\_\_\_\_  
Reviewed by *Date*



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**CERTIFICATION FOR INDIVIDUALS SEEKING POST  
CREDIT HOURS FOR SPECIAL COURSES**

ARM 23.13.212, 23.13.215 & 23.13.217

**Instructions:** This page is ONLY to be completed and submitted by an officer who attended an Instructor Development, Firearms Instructor or SWAT Primary course which was not already approved for POST credit hours. This page must be submitted as part of the Application for Individual Seeking POST Credit Hours for Online, Out of State and Other Courses.

**BEFORE YOU CERTIFY THIS DOCUMENT: There are additional requirements for special courses as follows:**

<b>Instructor Development ARM 23.13.212</b>	<b>Firearms Instructor ARM 23.13.215</b>	<b>SWAT Primary ARM 23.13.217</b>
<ul style="list-style-type: none"> <li>○ Minimum 40 Hours</li> <li>○ 12 Hours of Curriculum Design</li> <li>○ 8 Hours of Adult Learning</li> <li>○ 8 Hours of Foundation Skills for Trainers</li> <li>○ 8 Hours of Training Prep and Delivery</li> <li>○ 4 Hours of Context of training</li> </ul>	<ul style="list-style-type: none"> <li>○ Minimum 40 Hours</li> <li>○ Firearms Safety</li> <li>○ Role of Instructor</li> <li>○ Civil &amp; Criminal Liability Exposure</li> <li>○ Instructional Techniques</li> <li>○ Operation of Firing Line</li> <li>○ Range Preparation</li> <li>○ Handgun</li> <li>○ Disabled Officer Techniques</li> <li>○ Low Light Shooting Techniques</li> </ul>	<ul style="list-style-type: none"> <li>○ Minimum 40 Hours</li> <li>○ Team Communication, Team Make-up</li> <li>○ Confrontation Management</li> <li>○ Weapons, Munitions, and Equipment</li> <li>○ Team Movement and Interior Tactics</li> <li>○ Open Air/Mobile Assault, Downed Officer Citizen Rescue, Chemical Agents/Diversionary Device/Less Lethal, Practical Exercises, and Legal Issues</li> </ul>

**Ensure any of the above courses meet these requirements!**

**Certification of Applicant:**

*My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of the corresponding special course ARMs 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 the corresponding special course ARMs 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

For POST Staff Use:

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

\_\_\_\_\_  
Date