



# Montana Public Safety Officer Standards & Training Council

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dojmt.gov/post

## POST ATTENDANCE ROSTER – SINGLE DAY

ARM 23.13.301 & ARM 23.13.302

**Instructions:** This roster must be used for all courses approved by POST for credit hours. Do not have students fill out individual applications for approved courses. The course instructor or coordinator is responsible for ensuring that this roster is filled out completely and returned to POST for the students to get credit for the course. If the course being taught is longer than one full day, the POST Attendance Roster – Multi-day form should be used. Students will not receive any credit unless they attend at least 90% of the course. This form must be submitted within one year of the training.

Course Title: \_\_\_\_\_  
Instructor(s): \_\_\_\_\_ Date: \_\_\_\_\_  
Course Location: \_\_\_\_\_ Hours: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Public Safety Officers must print their name, agency, date of birth, email, and sign this roster to receive POST credit.**

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
5. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
6. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_
7. Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Email: \_\_\_\_\_

**\* Failure to provide the information required may result in denial of credit or delay in credit appearing on your POST transcript.**