Training Course Approval Form

☐ **New Course** ☐ **Renewal of Expired Approved Course – Course ID Number: _____**

Course Title: _____

Total Number of Hours: _____ Course Date(s) & Time(s): _____

Prerequisite Knowledge/Skills/Coursework required (if applicable): _____

_____

Course Description (required, **"see attached" will not be accepted):**

*******Three-level course outline must be submitted with this Course Approval Form*******

Instructor Name(s): _____

_____

*****Submit a resume or CV for ALL instructors listed*****

Information provided below will be used to update the POST training calendar on our website.

Host LE Agency: _____

Host Agency Contact Name: _____ Phone: _____

Address: _____

Email: _____

Training Provider: _____

Contact Name: _____ Phone: _____

Address (if different from Host Agency): _____

Email: _____ Website: _____

**Copies of relevant certificates or degrees may be requested to support the resume or CV submitted by an instructor.*

***A current safety plan and liability insurance must be in place prior to conducting any training.*

******All required materials must be submitted at the same time to be considered for approval. Incomplete submissions WILL NOT be reviewed.***

For submission and questions concerning this Course Approval please contact:

Robert Baker (In-Service Training Manager)
Email: robert.baker@coag.gov
Phone: (720) 508-6719

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

POST USE ONLY

Approved By:_____ Date: _____

Course Number: _____ Email Sent:_____ Added to Calendar:_____