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## APPLICATION FOR COURSE POST CREDIT

### COURSE INFORMATION

1. Course Name	
2. Course Date(s)	3. Instructor(s)
4. Location	5. hours

### SPONSORING AGENCY INFORMATION

6. Agency Name			
7. Mailing Address	8. City	9. State	10. Zip Code

### INSTRUCTOR INFORMATION

11. Instructor Name(s)			
12. Mailing Address	13. City	14. State	15. Zip Code
16. Phone	17. E-mail		

### CERTIFICATION

I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document and the information contained on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Name and Title of Chief Administrator or Designee (Type or Print)

\_\_\_\_\_  
Signature of Chief Administrator of Designee

\_\_\_\_\_  
Date

#### Attach the following information to this application:

- Instructor's qualifications and biography
- Course agenda, lesson plan, all student materials, handouts, etc.

#### POST Council Use Only

Approved for \_\_\_\_\_

Approved by: \_\_\_\_\_

Date Mailed: \_\_\_\_\_