



Montana Public Safety Officer Standards & Training Council

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APPLICATION FOR AWARD OF ADVANCED CERTIFICATE

ARM 23.13.208

Instructions: *The applicant must complete this form and forward it to his or her agency head/designee for endorsement. The agency should then forward the completed form and attachments to POST by emailing the form to the email address above. Alternatively, the information may also be sent to POST via mail at the address above. POST will notify the agency and the applicant of action taken.*

Applicant Information:

Name: _____

Agency Name: _____

Date of Birth: _____

Rank/Title: _____

Email Address: _____

Phone: _____

Field of Employment:

Peace Officer

Public Safety Communications

Adult Probation & Parole

Corrections/Detention

Misdemeanor Probation/Pretrial Services

The requirements for the Advanced Certificate are:

1. You must possess the discipline-specific Basic and Intermediate Certificates;

i. Do you possess the the discipline-specific Basic Certificate?

Yes

No

Applied

ii. Do you possess the the discipline-specific Intermediate Certificate?

Yes

No

Applied

2. You must have eight or more years of discipline-specific experience;

Do you have at least eight years of discipline-specific experience?

Yes

No

3. You must have a minimum number of POST training hours as follows:

- Peace officers - 400 POST Training Hours
- Probation and Parole officers - 400 POST Training Hours
- Detention/Corrections officers - 304 POST Training Hours
- Public Safety Communication officers - 184 POST Training Hours
- Misdemeanor Probation/Pretrial Services officers - 304 POST Training Hours

i. Do you have the minimum required POST training hours for your discipline?

Yes

No

ii. Number of POST training hours earned: _____

Inservice hours may be credited for up to 15% of total hours needed for certification purposes if documentation accompanies this application.

iii. Have you attached an inservice training record: Yes No

iv. Number of inservice training hours earned: _____

***If you do not meet these requirements, you will not be issued an Advanced Certificate.**

Applicant Certification: *I attest that the information contained on this application is true and correct to the best of my knowledge.*

Signature of Applicant

Date

Agency Recommendation: *I recommend that the certificate be awarded. I certify that the applicant has complied with the minimum standards set forth in the Administrative Rules of Montana, is of good moral character and is worthy of this award. My opinion is based on personal knowledge of the inquiry, and the personnel records of this jurisdiction substantiate the recommendation.*

Printed Name of Agency Head/Designee

Signature of Agency Head /Designee *Date*

Email: _____

Phone: _____

POST Council Use Only

Approved for Advanced:

☐ PO

☐ PSC

☐ P&P

☐ C/D

☐ MP/PT

By _____

Date _____