Email: mtpost@mt.gov Phone: (406) 444-9975

Fax: (406) 444-9978

APPLICATION FOR POST CREDIT HOURS FOR A TRAINING

ARM 23.13.301 and 23.13.302

Instructions: This form is to be completed and submitted by the individual, agency, or entity offering training. This form and a POST roster are the only documents the individual or agency need to submit to POST by emailing the information to the email address above. Alternatively, the information may also be sent to POST via mail at the address above. This form and the POST roster must be submitted within one year of the training.

	se Information:					
Cours	se Dates:	site:		Number of 0	Course Hours: _	
<u>ls thi</u>	s an IADLEST NCP (Course?	Yes	No		
		If "	yes," skip to que	stion 5.		
The r	equirements for P	OST Credit Hours are	:			
<u>Instru</u>	<u>uctors</u>					
1. If	the course is taug	ht by a Montana pub	lic safety officer,	the officer mus	t be a certified in	nstructor;
i.	Is the instructor a	a Montana public safe	ety officer?	Yes	No	
ii.	If the instructor i Certificate?	s a Montana public sa Yes	afety officer, doe No	es the instructor		tructor
		aught by a Montana s not a Montana pub Yes		· •	opy of the instru	
ii.	•	e a copy of the instru you retain the instru low:		-	-	
iii.	Have you retaine	d documentation of	the efforts outlin	ed in 2.ii., above	e? Yes	No
<u>Othe</u>	r Requirements					
3. T	he course must be	a minimum of 2 hou	rs in length.			
	Is the course at le	east 2 hours in length)? Yo	es No		

Application for POST Credit Hours for a Training Page 2 of 2

4.	You must retain all available d	locumentation of the tr	raining. Please	check the hoxes next t	to every item		
~.	that you have retained:	ou must retain <u>all available documentation</u> of the training. Please check the boxes next to every item hat you have retained:					
	Course Outline	Lesson Plan	Agenda	Study Guide			
	Course Syllabus	Student Material	Handouts	Course Advertiseme	ent		
5.	The Course must be open and	advertised to ALL publi	ic safety agenci	es.			
	Is the course open and adve	ertised to ALL public saf	fety agencies?	Yes	No		
Sp	oonsoring Agency Information:						
	gency Name:		Agency E-mail	l:			
	lailing Address:						
Cit	ty:	State:		Zip:			
	ontact Name(s):						
	ontact Email:						
(Al	OST Bulletin Board Information All courses which are granted POS the training has a link that you wi	vish to have posted, plea	ase provide it he	ere:			
Na	ame		Contact Inform	nation			
be	ertification of Applicant: My sign e retained and that all of the requ e granted POST Training Credit Ho	uirements of ARM 23.13.	-				
Pri	rinted Name		Signature		Date		
	*For Special Courses (Instructor	<u>r Development, Firearm</u>	<u>1s Instructor & .</u>	SWAT Primary, procee	ed to page 3.		
F	For POST Staff Use:						
_ R	Reviewed by			 Date			

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CERTIFICATION FOR POST CREDIT HOURS FOR SPECIAL COURSES

ARM 23.13.212, 23.13.215, and 23.13.217

Instructions: This page is ONLY to be completed and submitted by the individual or agency offering an Instructor Development, Firearms Instructor or SWAT Primary course. This page must be submitted as part of the Application for POST Credit Hours for a Training.

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

Instructor Development	Firearms Instructor	SWAT Primary
ARM 23.13.212	ARM 23.13.215	ARM 23.13.217
o Minimum 40 Hours	o Minimum 40 Hours	○ Minimum 40 Hours
○ 12 Hours of Curriculum Design	○ Firearms Safety	○ Team Communication, Team Make-up
○ 8 Hours of Adult Learning	 ○ Role of Instructor 	○ Confrontation Management
○ 8 Hours of Foundation Skills for Trainers	○ Civil & Criminal Liability Exposure	 Weapons, Munitions, and Equipment
○ 8 Hours of Training Prep and Delivery	 Instructional Techniques 	 Team Movement and Interior Tactics
 4 Hours of Context of training 	 Operation of Firing Line 	 Open Air/Mobile Assault, Downed Officer
	 Range Preparation 	Citizen Rescue, Chemical
	○ Handgun	Agents/Diversionary Device/Less Lethal,
	 Disabled Officer Techniques 	Practical Exercises, and Legal Issues
	 Low Light Shooting Techniques 	

Ensure any of the above courses meet these requirements!

<u>Certification of Applicant</u> : 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 course should be granted POST Training Credit Hours.					
Printed Name	Signature	Date			
For POST Staff Use:					
Reviewed by	Dat	e			