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

Fax: (406) 444-9978

## **APPLICATION FOR INDIVIDUALS SEEKING POST CREDIT HOURS FOR** ONLINE, OUT OF STATE, AND OTHER COURSES

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 must be submitted within one year of the training.

<b>Applica</b>	nt Information	<b>:</b>					
Name: Date of Birth:			Age	Agency Name: Rank/Title:			
				one:			
<u>Is this a</u>	ın IADLEST NCP		Yes	No			
			If "yes," skip to ques	tion 5.			
The req	uirements for	POST Credit Hours	are:				
Instruct	tors						
1. If th	ne course <u>is</u> tau	ght by a Montana ¡	oublic safety officer,	the officer mu	st be a certif	fied instru	ıctor;
i. Is	s the instructor	a Montana public	safety officer?	Yes		No	
ii. If	f the instructor	is a Montana publi	ic safety officer, doe	s the instructo	r have a POS	ST Instruct	tor
	Certificate?	Yes	No		/A		
			nna public safety offi public safety officer,	· •			
b	oiography?	Yes	No	N,	/A		
r	•	at you retain the in	structor's biography structor's biography	•	•		
	lave you retain Requirements	ed documentation	of the efforts outline	ed in 2.ii., abo	ve?	Yes	No
3. The	course must b	e a minimum of 2 h	ours in length.				
		ourse at least 2 hou	_	Yes	No		

Application for Individuals Seeking POST Credit Hours for Online, Out of State, and Other Courses Page 2 of 2

Date

4.	The Course must be open and a	dvertised to ALL pub	lic safety agencies.			
	Is the course open a	nd advertised to ALL	public safety agencies?	Yes	No	
5.	You must retain <u>all available documentation</u> of the training. (If taking an NCP course, you only need a certificate of completion.) Please check the boxes next to every item that you have retained:					
	Certificate of Completion	Course Outline	Lesson Plan	Agenda	Study Guide	
	Course Syllabus	Student Material	Handouts	Cours	e Advertisement	
6.	You must attend a minimum of	90% of the training.				
	i. Did you attend a mir	nimum of 90% of the	training? Yes	No		
	*If you do not me The documents which you a		ts, you <u>will not</u> receive in may be audited by PO		m basis.	
	urse Information:					
	urse Name: urse Dates:			urse Hours:		
	urse Location or Website:					
ret	plicant Certification: My signatural in the requirent and that all of the requirent anted POST Training Credit Hours.	nents of ARM 23.13.3				
Pri	nted Name		Signature		Date	
Agency Certification: My signature certifies that all required documentation has been obtained and will be retained and that all of the requirements of ARMs 23.13.301 and 23.13.302 have been met. I certify that this officer should be granted POST Training Credit Hours for this course.						
Pri	inted Name of Agency Head/Desig	gnee	Signature of Agency F	lead/Designee	Date	
Em	nail:		Phone:			
	*For Special Courses (Instructor	Development, Firearı	ns Instructor & SWAT P	rimary, procee	ed to page 3.	
F	or POST Staff Use:					

Reviewed by



## Montana Public Safety Officer Standards & Training Council

Website: dojmt.gov/post 2260 Sierra Road East Helena, MT 59602 Email: mtpost@mt.gov Phone: (406) 444-9975 Fax: (406) 444-9978

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

Ensure any of the above courses meet these requirements!

Applicant Certification: 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 of Applicant	Date			
	hat all required documentation has been obtained ne corresponding special course ARMs have been n ing Credit Hours for this course.				
Printed Name of Agency Head/Designee	Signature of Agency Head/Designee	Date			
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