



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

POST ATTENDANCE ROSTER – MULTI-DAY

ARM 23.13.301 and 23.13.302

Instructions: This Attendance Sheet must be used for all courses approved by POST for credit hours which are longer than one day. Do not have students fill out individual applications for POST credit for approved courses. The course instructor or coordinator is responsible for ensuring that this Roster is filled out completely and returned to POST for the students to get credit for the course. Students will not receive any credit unless they attend at least 90% of the course. This form must be submitted within one year of the training.

Course Title: _____

Instructor(s): _____ Date: _____

Course Location: _____ Hours: _____

Email Address: _____ Phone: _____

Public Safety Officers must print their name, agency, date of birth, email, and sign this roster to receive POST credit.

1.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				

2.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				

3.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				

4.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				

***Failure to provide the information required may result in denial of credit or delay in credit appearing on your POST transcript.**



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POST ATTENDANCE ROSTER – MULTI-DAY – ADDITIONAL PAGE

1.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				
2.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				
3.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				
4.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				
5.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				
6.	Name: _____	Mon.	Tues.	Wed.	Thur.	Fri.
	Agency: _____	a.m.____	a.m.____	a.m.____	a.m.____	a.m.____
	Date of Birth: _____	p.m.____	p.m.____	p.m.____	p.m.____	p.m.____
	Email: _____	Signature: _____				

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