



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 – SINGLE DAY

ARM 23.13.301 and 23.13.302

Instructions: This roster must be used for all courses approved by POST for credit hours which are held on 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: _____ Signature: _____

Agency: _____ Date of Birth: _____

Email: _____

2. Name: _____ Signature: _____

Agency: _____ Date of Birth: _____

Email: _____

3. Name: _____ Signature: _____

Agency: _____ Date of Birth: _____

Email: _____

4. Name: _____ Signature: _____

Agency: _____ Date of Birth: _____

Email: _____

5. Name: _____ Signature: _____

Agency: _____ Date of Birth: _____

Email: _____

***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 – SINGLE DAY – ADDITIONAL PAGE

1.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	
2.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	
3.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	
4.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	
5.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	
6.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	
7.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	
8.	Name: _____	Signature: _____
	Agency: _____	Date of Birth: _____
	Email: _____	

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