



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR COURSE CERTIFICATION REQUEST

Agency/Instructor Submitting Request:

Agency/Instructor Address:

Course Title:

Course Location:

Address of Course:

Course Length:

_____/hours

Format: Hours/Day - ____ Days/Week - ____ Number of Weeks - ____

Date(s) of Course: _____ Start Time: _____ End Time: _____

Enrollment Restrictions: _____ Maximum Number of Students: _____

Lodging Accommodations: On Campus - ____ Commercial - ____ N/A - ____ Cost: \$ _____

Meal Arrangements: On Campus - ____ Commercial - ____ N/A - ____ Cost: \$ _____

Tuition: \$ _____

Method of Presentation (indicate all techniques used)

Lecture - ____ Demonstration - ____ Simulation - ____ Role Playing - ____ Conference - ____ Other - ____

Name(s) of instructor(s)(provide instructor credentials), Course Objectives and Narrative Description of Course (use additional paper if necessary), **Certified Instructor's Certification Number and Expiration Date**

Training Aids Used: _____ Number of Instructors: _____

Text and Reference Materials:

Required Projects: _____ Method of Student Evaluation: _____

Name/Title of Person Making Request: _____	Phone number: _____	Date of Request: _____
E-Mail Address: _____		

BETST USE ONLY

Received: Outline Resumes Rosters	Schedule Course Evaluation Certificates	BETST Action: Approved Disapproved Reason:	Type of Training Attended:
---	---	--	----------------------------

Reviewed by: _____

Course Number: _____

INSTRUCTIONS

The Course Certification Request form is to be completed and submitted by the Coordinator/Instructor to BETST prior to the course being conducted.

Complete the sections of the form as indicated below.

Agency/Instructor Submitting Request: Self-explanatory.

Agency/Instructor Address: Self-explanatory.

Course Title: Enter the name of the course as it will be presented to trainees.

Course Location: Enter the physical location of the course (i.e., MLEOTA or Hattiesburg Days Inn).

Address of Course: Self-explanatory.

Course Length: Enter the total number of training hours.

Format: Enter the number of hours per day and the number of days per week and number of weeks the course will be conducted.

Date(s) of Course: Enter the dates and the start/end time of course.

Enrollment Restrictions: Enter any restrictions the class may have placed upon trainees. If none, so state.

Maximum Number Students: Enter the total amount of students allow in the class. If no maximum, enter none.

Lodging Accommodations: Self-explanatory.

Lodging Cost: Enter the amount being charged for lodging.

Meal Arrangements: Self-explanatory.

Meal Cost: Enter the amount being charged for meals.

Tuition: Enter the amount being charged for tuition.

Method of Presentation: Self-explanatory.

Course Objectives and Narrative Description of Course: List the objectives that will be covered during presentations. Provide a short narrative of the course. Use additional paper if necessary.

Training Aids Used: Enter the types of training aids that will be used during this course.

Number of Instructors: Self-explanatory.

Text and Reference Materials: Enter the names of source material used in this course.

Required Projects: Enter any projects required of the trainees.

Method of Evaluation: Enter the type of method use to evaluate the trainees completion of the course.

Name, Title, E-Mail of Person Making Request: Self-explanatory.

Date of Request: Self-explanatory.

Please return Course Certification Request thirty (30) days in advance of training to:

MS Dept. of Public Safety | Div. Of Public Safety Planning
Office of Standards and Training
209 Allen Stuart Drive
Pearl, Mississippi 39208

MS Dept. of Public Safety
ATTN: Standards and Training
Post Office Box 958
Jackson, Mississippi 39205