



# MISSISSIPPI

## PEACE OFFICER STANDARDS & TRAINING

### EMERGENCY TELECOMMUNICATOR COURSE ROSTER

Course Name and Location:		Name of Instructor(s):			Course Date:				
		Class Start Time: _____		Class End Time: _____					
Name of Trainee Last, First Middle	LAST 4 ONLY OF Social Security #	Certified Telecommunicator			Name of Department/Agency	Hours Attended	Satisfactorily Completed		
		Yes	BETST Cert. #	No			Yes	No - Reason	Test Score
Signature of Instructor/Coordinator:		Date:			Phone Number:		Fax Number:		

## INSTRUCTIONS FOR COMPLETING THE COURSE ROSTER FORM

The Course Roster form is to be completed for each day of training and submitted by the course instructor/coordinator to BETST within five working days following completion of the course.

Complete each section of the form for each trainee attending the course. Ditto marks may be used where appropriate. Make as many copies of this form as needed.

**Page \_\_\_\_ Of \_\_\_\_ :** Record the current page number followed by the total number of pages submitted.

**Course Name and Location:** Enter the title of the course and location where the course was conducted.

**Name of Instructor(s):** Enter the name of the instructor(s) who presented the course.

**Course Date:** Enter the date the training.

**Time of Course:** Enter the time the training began and ended each day.

**Name of Trainees:** Enter the names of all trainees enrolled in this course by last name, first name, and middle name or initial.

**Social Security Number:** Enter the last four numbers of the trainee's social security number. This number will be used as a reliable identifier.

**Certified Telecommunicator:** Enter an "X" in the "Yes" column for each certified trainee. Enter the trainee's BETST certification number (if known). Enter an "X" in the "No" column for each non-certified trainee. This information will be used primarily for future classes after initial certification is completed.

**Name of Department/Agency:** Enter the name of the trainee's employer.

**Hours Attended:** Enter the total number of hours attended by the trainee. It is important that the instructor(s) keep a daily account of each trainee's hours of attendance. Credit will not be given to any trainee who misses five percent or more in attendance.

**Satisfactorily Completed:** Enter an "X" in the appropriate column. An "X" in the "Yes" column denotes that the trainee satisfactorily completed all the requirements of the course. Give a brief explanation for each trainee that does not satisfactorily complete training. Record the test score on the final day of class.

**Signature of Instructor/Coordinator:** The roster must be verified by signature. Only the course coordinator or instructor should sign the Course Roster form.

**Date:** Enter the date the Course Roster was signed.

Please return Course Roster within 5 working days to the address below:

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