



# MISSISSIPPI

## PEACE OFFICER STANDARDS & TRAINING

### DETENTION OFFICER COURSE CERTIFICATION REQUEST

Agency Submitting Request:

Agency Address:

Course Title:

Course Location:

Course Length:  
/hours

Format: \_\_\_\_\_ Hours Per Day

\_\_\_\_\_ Days Per Week

Date(s) of Course  
from \_\_\_\_\_ to \_\_\_\_\_

Number of Weeks of Presentations:

Enrollment Restrictions:

Maximum Number of  
Students:

Lodging Accommodations:

\_\_\_\_\_ On Campus \_\_\_\_\_ Commercial

\_\_\_\_\_ Not Applicable

Cost: \$

Meal Arrangements:

\_\_\_\_\_ On Campus \_\_\_\_\_ Commercial

\_\_\_\_\_ Not Applicable

Cost: \$

Address of Course:

Tuition: \$

Method of Presentation (indicate all techniques used)

\_\_\_ Lecture \_\_\_ Demonstration \_\_\_ Simulation \_\_\_ Role Playing \_\_\_ Conference

\_\_\_ Other

Course Objectives and Narrative Description of Course (use additional paper if necessary)

Training Aids Used:

Number of Instructors:

Text and Reference Materials:

Required Projects:

Method of Student Evaluation:

Name & Title of Person Making Request

Date of Request:

### BJOST USE ONLY

Received:	Outline	Schedule	BJOST	Approved	Type:	Training	Attn
	Resumes	Course Evaluation	Action	Disapproval	Reason		
	Roster	Certificates					

Reviewed by:

Course Number:

## INSTRUCTIONS FOR COMPLETION OF THE COURSE CERTIFICATION REQUEST

The Course Certification Request form is to be completed and submitted by the coordinator to BJOST prior to course being conducted.

Complete the sections of the form as indicated below.

**Agency Submitting Request:** Self-explanatory.

**Agency Address:** Self-explanatory.

**Course Title:** Enter the names 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).

**Course Length:** Enter the total number of training hours.

**Format:** Enter the number of hours per days and the number of days per week and number of weeks the course will be conducted. If the course is to be repeated indicated how many times.

**Date(s) of Course:** Self-explanatory.

**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.

**Address of Course:** Enter the street address.

**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 and Title of Person Making Request:** Self-explanatory.

**Date of Request:** Self-explanatory.

Please return Course Certification Request ten (10) days in advance of training to:

MS Dept. of Public Safety/Div. Of Public Safety Planning/  
Office of  
Standards and Training  
PO Box 1633  
Canton, MS 39046  
Telephone # - (601) 391-4896, Fax # - (601) 391-4439