



PEACE OFFICER STANDARDS & TRAINING

DETENTION OFFICER COURSE ROSTER

Course Name and Location:		Name(s) of Instructor(s):				Course Date: From ____ / ____ / ____ to ____ / ____ / ____			
Name of Trainee Last, First Middle	Social Security Number	Certified Detention Officer			Name of Department/Agency	CPR ✓	Hours Attended	Satisfactorily Completed	
		Yes	BJOST Cert. #	No				Yes	No - Reason
Signature of Coordinator:		Date:		Phone Number:			Fax Number:		

INSTRUCTIONS FOR COMPLETING THE COURSE ROSTER FORM

The Course Roster form is to be completed and submitted by the course coordinator to BJOST within ten 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(s) of Instructor(s): Enter the name(s) of the instructor(s) who presented the course.

Course Date: Enter the date the training began and ended.

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 each trainee's social security number. This number will be used as a reliable identifier.

Certified Detention Officer: Enter an "X" in the "Yes" column for each certified trainee. Enter the trainee's BJOST 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 satisfactorily complete training.

Signature of 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 and Course Evaluation Instrument within 10 working days to the address below:

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