MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

EMERGENCY TELECOMMUNICATOR COURSE CERTIFICATION REQUEST

Agency/Instructor Submitting Request:

Agency/Instructor Address:

Course Title:

Course Location: Course Length:
Address of Course: _____/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   Schedule   BETST Action: Approved   Type of Training Attended:
           Resumes   Course Evaluation   Disapproved
           Rosters   Certificates   Reason:

Reviewed by: Course Number:

_____

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rev. 12August 2014

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
1025 Northpark Drive
Ridgeland, MS 39157

Telephone (601) 977-3777; Facsimile - (601) 977-3773