



## PEACE OFFICER STANDARDS & TRAINING

### DETENTION OFFICER COURSE ROSTER

DETENTION OFFICER COURSE ROSTER										
<b>Course Name and Location:</b>			<b>Name(s) of Instructor(s):</b>				<b>Course Date: From</b> ___/___/___ <b>to</b> ___/___/___			
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	
<b>Signature of Coordinator:</b>			<b>Date:</b>		<b>Phone Number:</b>			<b>Fax Number:</b>		

## 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 Telecommunicator:** 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**  
1025 North Park Drive  
Ridgeland, MS 39157

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