



MISSISSIPPI

PEACE OFFICER STANDARDS & TRAINING

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

Number of Weeks of Presentations: _____ from _____ to _____

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: _____

BLEOST USE ONLY

Received:	Outline	Schedule	BLEOST	Approved	Type:	Trng	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 BLEOST 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 sixty (60) days in advance of training to:

Mississippi Department of Public Safety/
Division of Public Safety Planning/
Office of Standards and Training
1025 Northpark Drive
Ridgeland, MS 39157

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