



Training Review Form

New Training

Renewal of Expired Training – Course ID Number: _____

Training Title: _____
Total Number of Hours: _____ Training Date(s) & Time(s): _____
Prerequisite Knowledge/Skills/Coursework required (if applicable): _____

Training Description (required, "see attached" will not be accepted):

*****Three-level outline must be submitted with this Form*****

Instructor Name(s): _____

****Submit a resume or CV for ALL instructors listed****

Information provided below will be used to update the POST training calendar on our website.

Host LE Agency: _____

Host Agency Contact Name: _____ Phone: _____

Address: _____

Email: _____

Training Provider: _____

Contact Name: _____ Phone: _____

Address (if different from Host Agency): _____

Email: _____ Website: _____

**Copies of relevant certificates or degrees may be requested to support the resume or CV submitted by an instructor.*

***A current safety plan and liability insurance must be in place prior to conducting any training.*

***** All required materials must be submitted at the same time to be considered for review. Incomplete submissions WILL NOT be reviewed.**

For submission and questions concerning this Form please

contact: Dan Griffin (Training Coordinator) / dan.griffin@coag.gov / (720) 508-6389

or

Dan Ostrander (Training Coordinator) / dan.ostrander@coag.gov / (720) 508-6667

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

POST USE ONLY

Reviewed By: _____ Date: _____

POST Training ID Number: _____ Email Sent: _____ Added to Calendar: _____