

## **Training Review Form**

## **New Training**

Renewal of Expired Training – Course ID Number:

Training Title:			
	Number of Hours: Training Date(s) & Time(s):		
Prerequisite Knowledge/Skills/Coursework required (if applicable):			
Training Decembring (negation (1999)			
Training Description (required, "see atta	acned" will not be accepted):		
****Three-level outline	e must be submitted with this HfU]b]b[ FYj ]Yk Form****		
Instructor Name (a):			
ilistructor Name(s).			
**Submit a resume or CV for ALL instructors listed**			
Information provided below wi	ill be used to update the POST training calendar on our website.		
Host LE Agency:			
Host Agency Contact Name:	Phone:		
Email:			
Training Provider:			
	Phone:		
Email:	Website:		
*Coning of valous and contification or do	parees may be requested to support the resume or CV submitted by		

\*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 f Yj ]Yk . Incomplete submissions WILL NOT be reviewed.

For submission and questions concerning this HfU]b]b[ FYj]Yk please contact: 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: