INSTRUCTOR'S REPORT OF CERTIFIED LAW ENFORCEMENT TRAINING

PEACE OFFICER STANDARDS AND TRAINING BOARD

PFN9 (03/18)

Course Number	Title of Course		Instructor Number	Beginning Date/End Date	
Instructor Name	Agency Name	Mailing Address		State	Zip Code
Email:	Work Telephone Number	Cell Telephone Number		Location of Training	

Peace Officer License Number	Name of Peace Officer Completing the Course (Last Name, First Name, Middle Initial)	Department	Hours

Instructor Signature/Program Coordinator	Date

Please retain a copy of this form and forward the original within thirty (30) days to the POST Board at:

POST Board
PO Box 1054
Bismarck ND 58502-1054