

INSTRUCTOR'S REPORT OF CERTIFIED LAW ENFORCEMENT TRAINING
PEACE OFFICER STANDARDS AND TRAINING BOARD
PFN 9

Instructions

The Instructor's Report of Certified Law Enforcement Training form should be used by instructors or coordinators of training programs to report the completion of a certified training course to the POST Board for officers to obtain continuing education credit.

Specific instructions for completing the form are as follows:

Course Number

The course number that was assigned by the POST Board when approval was granted should be recorded in this area. The course number will be found in the letter from the POST Board granting the approval for the course.

Title of Course

Print the name of the training course in this area. Please ensure that the name of the course is the same name as approved by the POST Board. This name can also be found on the letter from the POST Board granting the approval for the course.

Instructor Number

The four digit peace officer certified instructor number of the person teaching the course should be placed in this area. If the training program is a POST approved course but the instructor is not a North Dakota peace officer, this area should be left blank.

Beginning Date/End Date

The actual date that the class starts and ends should be recorded in this area.

Instructor Name/Contact Information

The name of the person who instructs the class should be printed in this area along with a current phone number and address of the instructor.

Location of Training

The actual location of the training session should be printed in this area.

Peace Officer License Number

The four digit peace officer license number for each officer completing the training should be placed in this area. If the officers do not know their license number, it is printed on the front of their peace officer license card. If the license number can not be determined, the social security number of the officer must then be used.

Name of Officer Completing Course

The name(s) of the peace officer(s) completing the training program should be printed in this area. It is preferred that the names be printed last name first, first name, then the middle initial.

Department

The name of the agency that the officer(s) is (are) employed with should be printed in this area.

Hours

The instructor or coordinator should enter the actual number of contact hours completed by each student in this area. Only the actual number of hours may be granted to a student. Instructors should take care in monitoring the attendance of the students. Also, only full training hours are credited to an officer's record. It is up to the instructor to round the training to the nearest number of full hours.

Note: Instructors are only able to obtain continuing education hours from approved courses where the instructor is a student and not teaching the course.

Instructor Signature

At the conclusion of the training program, the peace officer instructor or the coordinator should sign the form on this blank. The instructor or coordinator is verifying that the information contained on the form is true and correct.

Date Signed

The date that the form is signed by the instructor or coordinator should be placed on this blank.

A copy of this completed form should be retained for the instructor's or agency's records. The original form must be sent no later than 30 days after the conclusion of the training to:

POST Board
PO Box 1054
Bismarck ND 58502-1054

