



APPLICATION FOR TRAINING PROGRAM CERTIFICATION (PFN8)
 NORTH DAKOTA PEACE OFFICER STANDARDS AND TRAINING (POST) BOARD
 SFN 62308 (05/23)

Agency	Work Telephone Number	Cell Telephone Number
Address	City	State
ZIP Code		
Title of Program		
Training Location		
Program Dates	Estimated Hours (1 hour increments)	

METHODS OF INSTRUCTION (Check all that apply)

<input type="checkbox"/> Lecture	<input type="checkbox"/> Simulation	<input type="checkbox"/> Field Trip
<input type="checkbox"/> Demonstration	<input type="checkbox"/> Role Playing	<input type="checkbox"/> Case Study
<input type="checkbox"/> Group Discussion	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Other

VISUAL AIDS (Check all that apply)

<input type="checkbox"/> Chalk/White Board	<input type="checkbox"/> Overhead Projector	<input type="checkbox"/> Computer
<input type="checkbox"/> Flip Charts	<input type="checkbox"/> Film/Slides	<input type="checkbox"/> Video
<input type="checkbox"/> Handouts	<input type="checkbox"/> CCTV	<input type="checkbox"/> Other

Title of Texts and Reference Materials

COMPLETE IF MORE THAN ONE SUBJECT TITLE OR INSTRUCTOR WITHIN APPROVED COURSE

Subject Title	Hours	Instructor

PERFORMANCE OBJECTIVES EVALUATION METHOD

<input type="checkbox"/> Written Evaluation (Test) <input type="checkbox"/> Practical Exercise <input type="checkbox"/> Case Study <input type="checkbox"/> Demonstration

TYPE OF CERTIFICATION REQUESTED

<input type="checkbox"/> Continuing (4 Year Maximum) <input type="checkbox"/> Temporary (1 Year Maximum)

Print Program Coordinator/Instructor Name	
Program Coordinator/Instructor Signature (typed name is the legal equivalent of a handwritten signature)	Date

NOTE: THIS FORM MUST BE COMPLETED AND SUBMITTED FOR APPROVAL FIFTEEN (15) DAYS PRIOR TO THE PROGRAM BEING CONDUCTED.

Attach the following with the form:

- a. A course curriculum showing the date and location of the course, title of course, name of person or agency preparing the training program, students, course objectives, terminal performance objectives, testing methods if applicable, method of instruction, course content (detailed course outline for each subject covered), schedule of presentation, references and supporting materials; and
- b. Information concerning the instructor's education and experience if the instructors have not been certified by the board.

SEND WITHIN THIRTY (30) DAYS OF QUALIFICATION DATE TO:

POST Board
PO Box 1054
Bismarck ND 58502-1054

Note: Within thirty (30) days after the completion of a training program, the instructor/coordinator shall submit to the board a completed student roster on a form approved by board.