



# Montana Public Safety Officer Standards & Training Council

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## TRAINING ROSTER

**INSTRUCTIONS:** This roster must be used for all courses pre-approved by POST for credit hours.

- Do not have students fill out individual applications for pre-approved courses.
- The course instructor or course coordinator is responsible for ensuring that this roster is filled out completely and returned to POST for the students to get credit for the course.
- Public Safety Officers must print their name, agency, date of birth and their POST ID# and sign the roster.
- If the course being taught is longer than one full day, the POST Attendance Sheet must accompany this roster.
- If multiple instructors are used for the course, you must list all instructors so they get credit for instructing.

Course Title \_\_\_\_\_ Date \_\_\_\_\_

Instructor(s) \_\_\_\_\_ Location \_\_\_\_\_ Hours \_\_\_\_\_

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

2. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

3. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

4. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

5. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

6. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

7. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

8. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_

9. Name \_\_\_\_\_ DOB \_\_\_\_\_ Signature \_\_\_\_\_

Agency \_\_\_\_\_ POST ID# \_\_\_\_\_