



# Agency Approval Course Request

**USE THIS FORM TO REQUEST HAND-OFF TRAINING MATERIALS FOR INTERMEDIATE and ADVANCED CERTIFICATION COURSES**

<b>SECTION 1: AGENCY INFORMATION</b>			
Agency Name	_____		
Mailing Address	_____		
Location of Training	_____		
Street Address	_____		
City and Zip Code	_____		
Telephone	_____	Email	_____
<b>SECTION 2: TRAINING INFORMATION</b>			
<b>POST APPROVED COURSE:</b>			
Please check one:			
Advanced	Intermediate	Other	
Course Title	_____		
Training Dates	Starting: _____	Ending:	_____
Minimum Enrollment	_____	Maximum Enrollment	_____
		Est. # Attending	_____
<b>SECTION 3: AGENCY LEVEL COORDINATOR INFORMATION</b>			
Training Officer	_____	Office Phone	_____
Coordinator	_____	Office Phone	_____
Cell Number	_____	Email	_____
<b>SECTION 4: FACILITY INFORMATION (to be completed by sponsoring academy)</b>			
Estimated Square Footage of Classroom	_____	Student Capacity	_____
		(use Fire Marshal Standard, if possible)	
Available Classroom Equipment:			
Desk/Chairs	Dry Erase/Chalk Board	Data Projector	Speakers
Flip Chart	Video Monitor	VHS/DVD Player	Other: _____
<b>SECTION 5: STUDENT MATERIALS</b>			
Where applicable, the following materials will be supplied to the student:			
Pens/Pencil	CD	Student Guide	
Binder	Notebook/Paper	Course Manual, Ed. _____	
Handout Materials	Legal Pad	Other: _____	



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**SECTION 6: INSTRUCTORS**

Primary Instructor \_\_\_\_\_ O-Key or I-Key # (POST ID No.) \_\_\_\_\_

All Instructor Certifications are current and valid according to Georgia POST Council. These certifications were verified by the Agency Level Coordinator on \_\_\_\_\_ Date \_\_\_\_\_.

PRINT NAME	GENERAL	RADAR/ LIDAR	FIREARMS	DT	EMS	HAZMAT	EVOC

**THE AGENCY-LEVEL COORDINATOR WILL BE RESPONSIBLE TO ADVISE THE GEORGIA PUBLIC SAFETY TRAINING CENTER IN THE EVENT ANY INSTRUCTOR LISTED ABOVE IS UNABLE TO DELIVER THE SPECIFIED TRAINING PRIOR TO THE SCHEDULED COURSE DATE. REVISED DOCUMENTATION WILL BE REQUIRED BEFORE POST CREDIT MAY BE GIVEN. FAILURE TO PROVIDE THE NOTIFICATION PRIOR TO DELIVERY MAY RESULT IN TRAINING CREDIT BEING DENIED.**

**SECTION 7: EXAMS**

Please select the method for Test Administration:

- To be administered at the Academy by Academy Staff
- To be administered by Academy staff at the off-site location
- To be administered by Agency proctor

If academy staff is administering the exam, the Academy staff member scheduled to administer the exam is:

\_\_\_\_\_

If a proctor is administering the exam, the name of the proctor scheduled to administer the exam is:

\_\_\_\_\_

Exam/Test Security Administration Instructions:

- ✓ Exams will remain sealed until the time of administration.
- ✓ Proper exam administration procedures will be maintained according to the POST Uniform Academy Regulations.
- ✓ The "academy approved" proctor will remain in the class for the entire exam and will be the only individual to handle and collect exams.
- ✓ Proctor will count and record number of exams handed out and count and record number of exams turned-in at completion.
- ✓ Any testing irregularities will be immediately reported to the Academy, and Uniform Academy Regulations will be followed for required reporting of any incidents.
- ✓ No copies are to be made of any exam without the express written approval of the Academy Director.
- ✓ Completed exams will be returned to the Academy in a sealed envelope.
- ✓ All exams will be graded by the Academy to maintain test security.



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## Agency Attestation and Agency Head Authorization

I, \_\_\_\_\_, attest that all information contained in this report is accurate and that the \_\_\_\_\_ course will be conducted within all POST and Academy rules and regulations. It is understood that the academy is authorizing me to conduct this course with the full responsibility for adhering to POST rules, and any violations of this authorization or POST rules will be subject to POST sanctions including, but not limited to, individual certification sanctions as well as denial of future authorizations for your agency to conduct this type of training.

The host agency's chief executive officer's signature indicates that he/she assumes liability and responsibility for the actions of the instructors and students in this course. This authorization does not transfer this liability to the academy authorizing this training, and the agency head's signature indicates the approval and assumption of any applicable liabilities and responsibilities.

\_\_\_\_\_  
Name of Agency Level Coordinator (Please Print or Type)

\_\_\_\_\_  
Agency Level Coordinator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency Head (Please Print or Type)

\_\_\_\_\_  
Agency Head's Signature

State of Georgia

County of \_\_\_\_\_

SEAL

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Signature)

\_\_\_\_\_  
My Commission Expires

**To be completed by the Georgia Public Safety Training Center Academy Director.**

***I have reviewed this request and authorize the agency to conduct the training for this course:***

\_\_\_\_\_  
Agency Training Location

on

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Academy Director (or Director's Designee) (Please Print or Type)

APPROVED:

\_\_\_\_\_  
Academy Director (or Director's Designee)

\_\_\_\_\_  
Date