

# POST – NEW COURSE CERTIFICATION TRAINING NEEDS ASSESSMENT

Reset Form

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**This form must be submitted to your POST Regional Consultant the required minimum 60 days in advance of desired course presentation date(s). Please complete ALL portions. This does not constitute for presentation of a course until POST review is final and approval is granted.**

## A. COURSE INFORMATION

PROPOSED COURSE TITLE		DATE SUBMITTED (MM/DD/YY)
SUBMITTING PRESENTER		COURSE PRESENTATION DATE(S) – Use commas to separate dates (MM/DD/YY)

Are you affiliated with:  A law enforcement agency  A Regional Training Center/Institute/Consortium  A College  
 A 501 (c) (3) or (4) Non-Profit Organization  A LLC, S-Corp, etc.

## B. CONSULTATION

1. Did you consult with your regional POST Consultant prior to developing this proposed course?.....  Y  N
- a. IF YES, provide Consultant’s Name: \_\_\_\_\_ Date: \_\_\_\_\_
- b. IF NO, please give reason: \_\_\_\_\_

## C. DEMONSTRATED NEED

1. Is there a demonstrated **unmet/ongoing need** expressed by a survey of agencies/associations?.....  Y  N
- IF YES:
- a. Did you survey the County Chiefs & Sheriff’s Association? .....  Y  N  
 Association Name: \_\_\_\_\_
- b. Did you survey the training managers association and/or training association group? .....  Y  N  
 Association Name(s): 1) \_\_\_\_\_  
 2) \_\_\_\_\_
- c. Did you survey other advisory groups (e.g., Community College Advisory Council)? .....  Y  N  
 Council Name(s): 1) \_\_\_\_\_  
 2) \_\_\_\_\_

2. Are there **existing courses** available locally, or that can be imported into the area, to meet the need?.....  Y  N
- a. Did you survey existing courses for performance and viability? .....  Y  N
- b. Result findings: Attendance numbers: \_\_\_\_\_  
 Projected presentation numbers: \_\_\_\_\_

3. Is the course an **expressed priority** by legislation/POST Commission? If YES, Statute or POST Regulation. \_  Y  N

4. Is there required **POST standardized curriculum**? .....  Y  N
- a. IF YES, did you request a copy of the curriculum from your POST Consultant? .....  Y  N

## D. DEMONSTRATED CAPABILITIES

1. Did you identify **instructional expertise/capability** to instruct this course? .....  Y  N
- a. Does the instructor require specialized training (e.g., AICC, Regulation 1070)? .....  Y  N

2. Do you have **adequate and safe curriculum** training facilities to hold this type of course instruction?.....  Y  N
- a. Will this course be presented at multiple locations? .....  Y  N
- b. If applicable, will this course require a written **safety policy**? .....  Y  N

3. If applicable, has this proposal been **reviewed and approved** by your agency/college chief executive, director, training administrator and training manager (or equivalent curriculum manager)?.....  Y  N
- Name(s): 1) \_\_\_\_\_ Title(s): \_\_\_\_\_  
 2) \_\_\_\_\_  
 3) \_\_\_\_\_

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**D. DEMONSTRATED CAPABILITIES** *continued*

4. Have you or your agency's training manager and/or administrator attended the POST-certified **Training Administrator's Course** and/or **Training Managers Course**? .....  Y  N

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**E. ASSESSMENT**

1. **Type of Course**

Basic  In-Service  Technical  Supervisory  Management  Executive

2. **Requirement(s)** (*check all that apply*)

Legislative mandate  Commission regulation  Local agency need  Regional agencies need

3. **Types of Students**

Affiliated  Non-affiliated  New hires  Incumbent  Peace Officer  Dispatcher  NPO/Non-Dispatcher

4. **Schedule/Attendance**

- a. Number of presentations per year: \_\_\_\_\_
- b. Anticipated number of trainees attending per fiscal year: \_\_\_\_\_
- c. Maximum number of enrollees per class presentation: \_\_\_\_\_

5. Have you completed a budget for this course? .....  Y  N

a. Are there subventions (i.e., FTEs, Grant, Contract, Tuition)? .....  Y  N

IF YES, what are they: \_\_\_\_\_

Estimated Tuition Fee per Student: \$ \_\_\_\_\_

**F. ADDITIONAL COMMENTS**

Please provide written comments to further justify training need and to identify the unmet training need.

**G. AUTHORIZATION**

**PRESENTER NO:** \_\_\_\_\_

SIGNATURE OF INDIVIDUAL REQUESTING/AUTHORIZING COURSE CERTIFICATION (**REQUIRED**)

*Heather Hutchinson*

DATE

CONTACT NUMBER

EMAIL ADDRESS

PRINT FULL NAME

TITLE

PROPOSED PRESENTER

FOR POST  
USE ONLY

RECEIVED VIA:  MAIL  EMAIL  FAX

RECEIVED BY: \_\_\_\_\_

THIS SPACE FOR DATE STAMP