



Training Course Approval Form

Department of Law
1525 Sherman Street
Denver, CO 80203
303-866-5364

Course Title: _____

Number of Hours: _____

Course Description: _____

(Attach course outline and lesson plan)

Prerequisite Knowledge/Skills/Coursework required (if applicable):

Instructor(s): _____

(Attach resume for each)

A current safety plan and liability insurance should be in place prior to conducting any training.

Host LE Agency: _____

Contact Name: _____ Phone: _____

Email: _____

Training Provider: _____

Contact Name _____ Phone: _____

Email: _____ Website**:

Course Date(s) **: _____

**Information will be used to update the POST training calendar on our website, please include.

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

POST USE ONLY

Approved By: _____ Date: _____

Course Number: _____