

(Please Refer to Instructions for Completion, Available at www.dpsst.state.or.us)

Only Course Title and Course Number from Standardized Course List Will Be Accepted– Refer to DPSST Website

1. Course Title:	2. Course Number:
3. Start Date:	4. Ending Date:
5. Total Course Hours:	
6. Course Description/Topics:	
7. Subject Area: (Check subject area as identified on Standardized Course List)	
<input type="checkbox"/> Firearms/ Use of Force	<input type="checkbox"/> First Aid Expiration Date: _____
<input type="checkbox"/> Leadership	<input type="checkbox"/> CPR Expiration Date: _____
<input type="checkbox"/> Other	
8. Sponsoring Agency or Entity and Address:	
9. Location of Training, City:	10. Location of Training, County:
11. Instructor Name, Address, Phone Number and Email Address:	

12. Attendee Information (only those with DPSST numbers identified will receive DPSST training credit):

#	DPSST #	Attendee Name** (Last, First)	Did you Instruct ? ✓ here	Agency/Department	Hours Attended
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

13. Lead Instructor/Agency Head/Training Officer or Designee: As an authorized instructor, agency head, training officer, or designee, I have reviewed this roster for completeness and accuracy. I understand that falsification of information on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke public safety certification.

Signature: _____ Printed Name: _____

Address: (If same as Sponsoring Agency in 8 above, may indicate "same as above" or "see above")

Date: _____ Day Phone: _____

****By submitting his/her name for inclusion on this roster, the identified participant(s) understand that falsification of information on this document is subject to penalty under ORS 162.055, et al, and ORS 162.305 and is cause to deny or revoke certification.**

Failure to complete ALL fields WILL result in officers not receiving credit on their DPSST Training Records or roster being returned to agency.

Return to: DPSST, Attn: Training Records, 4190 Aumsville Hwy. SE, Salem OR 97317
 Fax: 503-378-4600 Phone: 503-378-2095

**Basic Class &
:**

DPSST Use Only: **Advanced/Regional** **Basic/Academy** **Other** **Date Entered/Bv:**