

**COURSE ATTENDANCE ROSTER**

Please Refer to Instructions for Completion, Available at <http://www.oregon.gov/DPSST>

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

1. Course Title: Legal/Legislative Update 2. Course Number: 16-1116  
 3. Start Date (M/D/Y): \_\_\_\_\_ 4. Ending Date (M/D/Y): \_\_\_\_\_ 5. Course Hours: 2  
 6. Course Description/Topics: 2015 Legislative Update  
 7. Expiration Dates (if applicable):  First Aid Exp. Date: \_\_\_\_\_  CPR Exp. Date: \_\_\_\_\_  
 8. Sponsoring Agency or Entity and Address: DPSST  
 9. City of Training: \_\_\_\_\_ 10. County of Training: \_\_\_\_\_  
 11: Instructor Name: \_\_\_\_\_ DPSST#: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**12. Attendee Information:** (Only those with DPSST numbers identified will receive DPSST training credit. By submitting his/her name for inclusion on this roster, the identified participant(s) understand that falsification of this document makes their certification(s) subject to denial or revocation under ORS 181.662 and OAR 259-008-0070.)

	DPSST #	Attendee Full Name (Please print clearly: Last, First)	Check Box if you Instructed	Agency (No Letter Abbreviations)	Hours Attended (½ hr minimum)
1			<input type="checkbox"/>		
2			<input type="checkbox"/>		
3			<input type="checkbox"/>		
4			<input type="checkbox"/>		
5			<input type="checkbox"/>		
6			<input type="checkbox"/>		
7			<input type="checkbox"/>		
8			<input type="checkbox"/>		
9			<input type="checkbox"/>		
10			<input type="checkbox"/>		
11			<input type="checkbox"/>		
12			<input type="checkbox"/>		
13			<input type="checkbox"/>		
14			<input type="checkbox"/>		
15			<input type="checkbox"/>		

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

**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 this document makes my certification(s) subject to denial or revocation under ORS 181.662 and OAR 259-008-0070.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please return fully completed rosters to DPSST by ONE of the following methods:  
 1) Scan and email: [dpsst.f6roster@state.or.us](mailto:dpsst.f6roster@state.or.us) 2) Fax: 503-378-4600  
 3) Mail: DPSST, Attn: Training Records, 4190 Aumsville Hwy. SE, Salem OR 97317  
 If you have questions call: 503-378-2083

DPSST Use Only:	Advanced/Regional	Basic/Academy	Basic Class & #:	Date Entered/By:
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