

Instructions – F-6 Attendance Roster

This form is for use by an instructor, agency, or other training provider to report training to DPSST. Training reported on this form will be listed by course title and hours in the DPSST training record.

- 1 **Course Title:** List the name of the course from the DPSST standardized Course List. (Refer to <http://www.oregon.gov/DPSST/SC/docs/2009OnLineCourseList.xls>)
 - 2 **Course Number:** List the course number as shown on the DPSST standardized course list.
 - 3 **and 4.** Enter the date the course started and ended. Start Date is required when the course runs more than one day; End Date is required always.
 - 1 **Hours:** Enter the total number of course hours.
 - 2 **Course Description/Topics:** This is a user field available for recording additional detail about the course being submitted.
 - 3 **Subject Area:** Identify the subject area of the training, from the DPSST standardized course list. (This will help agencies monitor training status by category.) For First Aid or CPR courses designed to certify an individual in First Aid, CPR or both, the expiration date must be identified.
 - 4 **Sponsoring Agency or Entity and Address:** Identify the name and address of the agency or entity sponsoring this course. Do not use initials or acronyms here.
- 9 When an agency conducts a training event or invites an outside vendor to conduct a training event and sends DPSST an F-6 roster identifying the attendees, the agency is the sponsor and the outside vendor is the instructor.
 - 9 When an outside entity holds a training event and provides an F-6 roster for all attendees to sign, that entity is the sponsor. The sponsor will submit the F-6 to DPSST to report the training for the attendees. Individual agencies are encouraged not to submit an F-6 and allow the sponsor to report the training to avoid duplicate submissions.
 - 9 When an employing agency sends an individual to training offered by a private vendor or offered out of state, and no F-6 roster is provided for the event, the employing agency can submit an F-6 with the vendor as the sponsoring agency.

9. and 10. Training Location: Enter name of city and county.

- 1 **Instructor Name, Address, Phone No and Email Address:** List lead instructor (if known) with contact information. If unknown, indicate “unknown.” If video, on-line, or other alternate format, indicate “video,” “on-line,” or applicable description, and identify the producer or entity that developed the on-line training. (For example, for on-line ICS courses, the instructor is FEMA/Emergency Management Institute. “In the Line of Duty” is the instructor for the videos that they produce.)
- 2 **Attendee Information:** Each applicable field MUST be completed. DPSST number MUST be included for training to be added to the attendees’ DPSST records. Hours of attendance may differ from the total course hours as shown in Box

5. The actual hours of attendance must be identified in Section 12. **INSTRUCTORS:** Sign in Section 12 and check the “Instructed” box to have all of your “Instructed” hours tracked in your DPSST records. If you instructed part of the course and attended part of the course, see sample INSTRUCTED & ATTENDED Roster on page 2 for an example of how to complete the F-6 roster.

13. Signature Box: Lead Instructor/Agency Head or Designee: This form must be signed by one of these individuals. The signature confirms the individuals listed on this form attended the course for the hours listed. Include the printed name, phone number and email address. This individual may be contacted if there are questions. **Note:** Training Officers/Chiefs/Designees may not sign the signature box when they are the only attendee on the roster. The roster must be signed by the agency’s training officer, lead instructor, or other agency designee.

CONTINUATION PAGE INSTRUCTIONS (if used)

The information in boxes 14-17 and 19 will help to identify the course if multiple page rosters are separated in processing. This information is critical to ensure that appropriate credit is given to attendees who sign on a continuation page.

- 1 Repeat Course Title from Box 1.
- 2 Repeat Course Number from Box 2
- 3 Repeat Sponsoring Agency or Entity Name only. Address is not required on this page.
- 4 Repeat Course Dates from Boxes 3 and 4
- 5 Complete per instructions for #12 above.
- 6 Signature box: complete per instructions for #13 above.

Revised 08-17-09 Discard all previous versions

(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: Firearms Qualification		2. Course Number: 09-0132	
3. Start Date: 4. Ending Date: Jan 5, 2009Jan 5, 2009		5. Total Course Hours: 2	
6. Course Description/Topics: 7. Subject Area: (Check subject area as identified on Standardized Course List) Firearms/ Use of Force First Aid Expiration Date: Leadership CPR Expiration Date: Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
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	00000	John Smith	Yes	Agency	6
2	00000	John Smith		Agency	2
3	XXXXX	Jimmy Jones	Yes	Agency	2
4	XXXXX	Jimmy Jones		Agency	2
5					
6		This example shows how			
7		to report an instructor who is		****IMPORTANT****	
8		teaching and who also qualified.		There must be a second	
9		The course is two hours.		instructor to receive both	
10		John Smith taught 3 sessions, then		instructed and passed credit.	
11		qualified and will receive passed		List them in consecutive rows	
12		credit for one session when		as shown above to help	
13		Jimmy Jones instructed him.		us with data entry.	
14				Thank you!	

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 &
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DPSST Use Only:	Advanced/Regional	Basic/Academy	Other	Date Entered/By:
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Revised 01-14-09

Discard all previous versions