Applicant

1. Last Name	First Name	Middle	2. DPSST Number

3. Agency/Institution

Course

4. Basic Course Requested:

Police	Corrections	Parole and Probation	Armed Parole and Probation
Telecommunicator	EMD-DPSST	EMD-Equivalent	Regulatory Specialist (OLCC)	POLCOR
Police COD Self Study	Corrections COD Self Study	Parole and Probation COD Self Study

DPSST is not currently offering an in-person Police Career officer Development (COD) Course, please schedule into the Police COD Self-Study Course.
DPSST is not currently offering a Police to Corrections Course (PolCor), please schedule into the full basic corrections course.

5. Leadership Course: Supervision (SLA)   Management (OLMA)

6. Requested Course	Course Number:		Dates:	

7. Do you need a Dorm Room?   Yes   No

Contacts

8. The following contacts are required to ensure proper communications prior to and during training.
Student work email: _____
Training Officer: (Name/Email/Phone) _____
Secondary Contact: (Name/Email/Phone) _____

Test

9. Academic Proficiency Standard.   Basic courses only. Must select one.
    I have taken the following proficiency test: _____   Test Date: _____
    I possess a 4-year degree (visible in IRIS).
    I have previously successfully completed training resulting in the award of certification in the discipline I am applying for training.

Professional Standards

10. Criminal History	Yes	No
Have you ever been: convicted of; found guilty of; entered a plea of guilt to; entered a plea of no contest to; entered a civil compromise; found guilty except for insanity or its equivalent; or adjudicated as a juvenile for an offense punishable as a crime (includes felonies, misdemeanors and violations) in ANY local, state, federal, military or tribal jurisdiction in Oregon or any other jurisdiction?		

If you answer yes to the above question, you must submit a form F28 Criminal History Reporting with this application. DPSST will not process your application without the form F28 completed in its entirety.

Applicant Attestation

I agree to obey the Academy rules and understand I am subject to dismissal from the Academy for any infraction. I understand that any reported criminal violation while enrolled at a course at the Academy will be turned over to the appropriate law enforcement agency for investigation. I certify that I am of good health, physically fit, and of good moral character, and release DPSST and any department associated or connected with the Academy from liability in case of illness or accident. It is understood that for any illness or injury not covered by employer-provided worker's compensation insurance, I will only be covered to the extent that I would be covered while at my own agency under personal or agency medical insurance. I attest that all information is accurate and that I have attached any required documentation. I understand that, by signing this document with false information makes all my DPSST certification(s) subject to denial or revocation under ORS 181A.640 and OAR Chapter 259 Division 8.

Signature _____   Date _____

Printed Name _____   Title _____   DPSST No. _____

Department Head Signature

I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign below. The applicant named in this application is a certifiable public safety officer, meets the minimum standards for employment pursuant to OAR 259-008-0010 or 259-008-0011 and is approved by me for attendance at the Academy. Applicant will be considered on active-duty status with our agency during this training period. Applicant, while attending this course, is covered by our agency for any on-the-job injury. I understand, and I have explained to the applicant, that for any illness or injury not covered by worker's compensation insurance, they will only be covered to the extent that they would be covered while at their own agency.   If certified by DPSST, I understand that falsification of this document makes my certification(s) subject to denial or revocation under ORS 181A.640 and OAR Chapter 259 Division 8.

Signature _____   Date _____

Printed Name _____   Title _____   DPSST No. _____

Email Address _____   Phone _____

DPSST Use		Class Assigned	Entered By/Date