



Training Roster

F6

Send to DPSST: Email: DPSST.F6Roster@state.or.us ; Fax: 503-378-4600;

Mail: 4190 Aumsville HWY SE; Salem OR 97317

Questions? Call: 503-378-2100 or email: DPSST.F6Roster@state.or.us

Revised
5/8/20

Course Information	1. Title:					
	2. Training Category:		General/Other Ethics	Firearms/Use of Force Telecommunicator	Mental Health/CIT EMD	Leadership
	3. Training Date:		(end date)	Course Number		(The standardized course list is no longer in use, this field will be removed in a future form update)
	4. Sponsoring Agency					
	5. City of Training		6. County of Training			
	7. Instructor Name		8. Instructor DPSST	9. Instructor Email		
CPR/ First Aid	Only enter First Aid or CPR dates if the person(s) listed on this roster received a certificate in one or both areas as a result of the training.					
	CPR Expiration Date:		First Aid Expiration Date:			
Attendee Information	Name	DPSST No	Agency	Hours	Instructed?	
Signature	As an authorized instructor, department 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 181A.640 and OAR 259-008-0300.					
	Signature _____		Date: _____			
	Printed Name: _____		Title: _____		DPSST No.: _____	
	Email Address _____		Phone: _____			
DPSST USE	Entered by/Date					



Training Roster

Continued

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Course	1. Title:				
	4. Training Date:		5. Sponsoring Agency		
Attendee Information	Name	DPSST No	Agency	Hours	Instructed?
	Signature	As an authorized instructor, department 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 181A.640 and OAR 259-008-0300.			
Signature _____		Date: _____			
	Printed Name: _____		Title: _____	DPSST No.: _____	
	Email Address _____			Phone: _____	
DPSST USE	Entered by/Date				