



Criminal Justice Certification Application

F7

Email: certification.scheduling@dpsst.oregon.gov; Fax: 503-378-4600
Questions? Call DPSST at 503-378-2100 or email certification.scheduling@dpsst.oregon.gov

Revised
09/25/24

1. Applicant	Last Name		First Name		Middle Name		DPSST Number		
	Agency Name:						SSN*:		
	*SSN is required by law for child support enforcement and tax purposes per ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Failure to provide your SSN will be basis to refuse issuance of a certificate.								
	Certificate:		Police	Corrections	Parole & Probation	Regulatory Specialists	Telecommunicator	EMD	
	Level:		Basic	Intermediate	Advanced	Supervisory	Management	Executive	
2. Requirements	Visit the Certifications Web Page for a complete list of requirements for each certificate and level. Processing of applications not having all requirements visible in IRIS or appropriate documents attached will be delayed.						Yes	No	N/A
	Does IRIS reflect valid First Aid and Adult/Child CPR Certification? If no, submit an F6 Training roster indicating the expiration dates and training. Or enter Adult/Child CPR Expires: _____ Adult Only CPR Expires: _____ First Aid Expires: _____. ** 2021 HB 2513 requires that police officers be certified in Adult and Child								
	Are you a citizen of the United States or a nonimmigrant legally admitted to the US under a Compact of Free Association? ** U.S. Citizenship not required for certification as a Telecommunicator or Emergency Medical Dispatchers.								
	Basic Certifications: Does IRIS reflect submission of a Code of Ethics, successful completion of the appropriate Field Training Manual and Basic Training Course? If no, submit the missing documents with this form.								
	Upper Level Certifications: Does IRIS reflect the information needed to obtain the upper level of certification. If no, submit the missing documents with this form. (Please allow 60-90 days for processing)								
	Education: I verify that training hours used to satisfy the requirements for upper levels of certification were not also used to obtain education credits with DPSST.								
3. Professional Standards	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.								
4. Applicant Attestation	I attest the information contained in this application is true and correct. I understand that falsification of this document makes my DPSST certification(s) subject to denial or revocation under ORS 181A.640 and Chapter 259 Division 8.								
	Signature _____				Date _____				
	Printed Name _____		Title _____		DPSST No. _____				
	Email Address _____				Phone _____				
5. Contact	16. Provide any additional individuals who DPSST may contact regarding this form. Include only work email addresses. Rank, Name, Email and Phone Number								
6. Department Head Signature	I attest that I am the Department Head or hold DPSST Certification and I am authorized by the Department Head to sign below. I certify that the information entered on this form has been verified and is substantiated by records maintained by my agency and the applicant is competent to hold the requested level of certification. 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 _____				
	FP Number		<input type="checkbox"/> LEDS Clear <input type="checkbox"/> OJIN E-Court Clear			Issued By/Date			



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OAR 259-008-0060 requires all police officers, parole and probation officers, telecommunications, emergency medical dispatchers and regulatory specialist be certified within 18 months of employment and all corrections officers within 12 months of employment unless granted an extension by the Department. In addition to the basic certifications, there are voluntary certifications that public safety professionals can apply for once deemed they have met the criteria and requirements listed on the DPSST website found at the below link:

[Department of Public Safety Standards and Training : Upper Levels of Certification : Criminal Justice : State of Oregon](#)

These instructions will assist you in accurately filling out the form. If you have any questions, call DPSST at 503-378-2100 or email certification.scheduling@dpsst.oregon.gov for assistance.

Applicant

- Box 1:** Please include the individuals full legal name and DPSST number on the paperwork for ease of identification. The social security number is required to be listed for all individuals applying for their basic certification and is required by law for child support enforcement and tax purposes per ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Failure to provide your SSN will be basis to refuse issuance of a certificate. Please select the discipline in which the individual is currently employed in and is requesting certification for.

Please select the level of certification in which the individual is applying for. For individuals applying for reactivation of their certification(s), you may select all certifications in which the individual is requesting to be reactivated.

Requirements

First Aid and Adult/Child CPR certification is required to be current at all times, if you notice the certification is not listed on the individual's IRIS record, please indicate the expiration dates on the form so we can add them to the record. To have the certification added to the individual's training, an [F6e Training Roster](#) will need to be submitted. Certification applications will not be processed if the individual does not have current First and Adult/Child CPR on file.

Box 2:

A person may not be employed as a police officer, regulatory specialist or a parole and probation officer for more than 18 months unless the person is a citizen of the United States, or a nonimmigrant legally admitted to the United States under a Compact of Free Association. And a person may not be employed as a corrections officer for more than one year unless the person is a citizen of the United States, or a nonimmigrant legally admitted to the United States under a Compact of Free Association. This question is required to be completed for individuals applying for basic certification.

Checklist Questions (Basic Certification, Upper-Level Certifications and Education):

These questions are used as a helpful guide to ensure the individual and agency have reviewed the necessary requirements that are needed for the basic, intermediate, advanced, supervisory, management and executive level certifications. If you notice something is not listed on the individuals record that should be, please submit the missing documents (field training manual, code of ethics, First Aid and Adult/Child CPR, training rosters, official transcripts, etc.).

Professional Standards

- Box 3:** Individuals need to answer this question to the best of their ability. Even if they have previously reported criminal history and that criminal history has been reviewed and approved by DPSST, they need to continue to report the criminal history on any DPSST applications that has a professional standards question. If you are unsure about what should or should not be reported, please call for guidance at 503-378-4411.

Applicant Attestation

- Box 4:** The individual must sign and attest that all the information contained in the application is true and correct.

Contacts

- Box 5:** Utilize this optional section to provide any additional individuals we should contact regarding this form.

Department Head Signature

- Box 6:** OAR requires the Department Head or a Certified Employee who is authorized by the Department Head to sign all Criminal Justice Certification Applications. Any forms not signed by a Department Head or Certified Authorized employee will be sent back to the agency for resubmission.