IDAHO POST ACADEMY COURSE ATTENDANCE ROSTER

POST Staff use only

Reconciliation (Initials & Date) **Routing**

Reconciled_____ ISP_____

No Tuition to POST_____

_____ _____

Course Number Training Coordinator

Agency Certified to Present Course

Title of Course

Date Course Given From	To	Time Course Given From	To	
No. of City Officers	No. of County Deputies	No. of State Officers	No. of Non-LE	Other
Location of Course - City & State			Total Hrs	Total Grads

		Name of Trainee (**PLEASE PRINT!**) Place "X" here if trainee did NOT complete course. For Office Use ONLY!	Officer ID Number The ID number is comprised of the last 4 digits your SSN number, the first four letters of your first name and your day of birth: Example 6789jere07	Current Assignment	Agency (Do not abbreviate)	Course Hours Completed
		1.				
		2.				
		3.				
		4.				
		5.				
		6.				
		7.				
		8.				
		9.				
		10.				
		11.				
		12.				
		13.				
		14.				
		15.				
		16.				
		17.				
		18.				
		19.				
		20.				
		21.				
		22.				
		23.				
		24.				
		25.				

Original must be returned within 30 days (NO COPIES ACCEPTED)

Name of Instructor (s)	Officer ID Number (see above for instruction)	Department or Agency	# Hours Instructed
1.			
2.			
3.			

Signature of Person Making Report _____ PRINTED NAME _____ Date _____ Page____ Of ____