



Georgia Peace Officer Standards & Training Council
Training Submission Cover Sheet

Submission Instructions: Complete and use this form as the cover sheet to insure proper processing of any certificates submitted for training credit consideration. This form is **required for submissions** with either the appropriate certificates or proof of training completion paperwork **attached to this cover sheet**.

SECTION I - Submission Data

Full Name of Person (officer to receive the training credit)

SS# of Officer (officer to receive training credit)

Course Title Requesting Credit

POST Course Code

of Hours of Training Completed

Date(s) of Training Course(s)

Location of Training Course

Name of Employing Agency

E-mail Address

PHONE# (AREA CODE) - NUMBER

Mailing Address (if other than employing agency's address)

SECTION II - Attachments

Course Certificates - # of pages of training documents attached: _____

*You **must attach** your certificates or other proof of training completion.
Please number all attachments in the upper right hand corner in the format **Page X of Y**.*

Section III - Verification

Was this course taught or administered by a POST certified instructor? Yes No
If no, please have a POST certified instructor or your agency head verify that you attended the training by signing in the verification section below. This verification will assist in processing your request.

Was this course on-line, video, or correspondence training? Yes No
If yes, the course must be administered by a POST certified instructor (see POST policy at web link: http://www.gapost.org/pdf_file/online.pdf . Administering POST Certified Instructor **must sign** Section IV for training credit to be given.

Section IV- Instructor/Agency Head Verification

I verify that the named officer (Section I) completed the training provided in this request, and I verify that all training information related to this training request is accurate and complete. If the course was on-line, video, or correspondence, my signature indicates that I administered the course.

Print Instructor or Agency Head Full Name _____

Instructor or Agency Head Rank/Title _____

Signature of Instructor or Agency Head _____ Date _____

Please allow **4-6 weeks** for materials to be processed. Incomplete C12 forms and/or cover sheets **will not be processed**. Mail to: **Georgia POST Council, P.O. Box 349, Clarkdale, GA 30111-0349** or fax to **(770)-732-5952**.