



**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)

Officer Key# 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](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 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**.