



# Training Review Form

**New Training**

**Renewal of Expired Training – Course ID Number:** \_\_\_\_\_

Training Title: \_\_\_\_\_  
Total Number of Hours: \_\_\_\_\_ Training Date(s) & Time(s): \_\_\_\_\_  
Prerequisite Knowledge/Skills/Coursework required (if applicable): \_\_\_\_\_

**Training Description (required, “see attached” will not be accepted):**

**\*\*\*Three-level outline must be submitted with this Form\*\*\***

Instructor Name(s): \_\_\_\_\_

**\*\*Submit a resume or CV for ALL instructors listed\*\***

*Information provided below will be used to update the POST training calendar on our website.*

Host LE Agency: \_\_\_\_\_

Host Agency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from Host Agency): \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

*\*Copies of relevant certificates or degrees may be requested to support the resume or CV submitted by an instructor.*

*\*\*A current safety plan and liability insurance must be in place prior to conducting any training.*

**\*\*\* All required materials must be submitted at the same time to be considered for review. Incomplete submissions WILL NOT be reviewed.**

**For submission and questions concerning this Form please contact:**

Dan Griffin (Training Coordinator) / dan.griffin@coag.gov / (720) 508-6389

or

Susan Carter (Training Coordinator) / susan.carter@coag.gov / (720) 508-6559

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

## POST USE ONLY

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

POST Training ID Number: \_\_\_\_\_ Email Sent: \_\_\_\_\_ Added to Calendar: \_\_\_\_\_