Kansas Commission on Peace Officers' Standards and Training (KS·CPOST)

In-Service Training Report
Course with Multiple Classes

*Classification Code   I= Instructor   F= Firearms   M=Media   E= EMT   FTO= FTO   U= Unclassified

Reporting Agency Name _____   Agency ORI Number _____

Officer Name _____   File Number / Certification Number _____
             First and Last

Course Title_____   Course Location _____
                                                                     City and State

Course Sponsor(s) _____   Course Coordinator _____

*Code	Class Title	Class Synopsis	Instructor Name and Agency/Organization	Class Hours Completed	Date Class Completed	KSCPOST Use Only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Incomplete or inaccurate forms will <u>not</u> be entered and will be returned to the submitting agency for correction

_____   _____   _____
Typed or Printed Name and Title of Agency Head   Agency Head's Signature   Date

INSTRUCTIONS FOR COMPLETING TRAINING REPORT FORM

This form is to be used to report law enforcement training and education. Individual agencies shall be responsible for submitting evidence that their officers have successfully completed the annual in-service training or continuing education annual requirement, no later than thirty (30) days after the training concludes. This form is for the submittal of training hours received in each class within the course.

Classification Code: Enter applicable abbreviation in appropriate column. If it does not fall into one of the first five categories listed, it is Unclassified. Do not report instructor hours and non-instructor hours on the same form. Firearms is state or agency qualification time only and any training that occurs during the qualification itself. Firearms is not active shooter, armoror classes, practice, specialized weapons training, etc. Refer to the In-service Training Guidelines for detailed reporting procedures.

Reporting Agency Name: Enter name of reporting agency.

Agency ORI Number: Enter the ORI number of reporting agency.

Officer Name: Enter First and Last name of officer receiving training. List only one officer per training report.

Officer Social Security or File Number: Enter officer's social security number or file number assigned by KSCPOST.

Course Title: Enter exactly as listed on course announcement, registration form, or syllabus.

Course Location: Enter the City and State where the officer attended the course.

Course Sponsor: Enter the name of the agency or organization that provided the training.

Course Coordinator: Enter the name of the individual or agency who coordinated the event.

Code: Enter appropriate classification abbreviation according to classification list.

Class Title: Enter the specific title or topic of the class taught within the course.

Class Synopsis: Provide a brief, detailed description of the subject matter of the class.

Instructor Name and Agency/Organization: First and Last name of instructor and the agency or organization instructor is employed with or associated with.

Hours Completed: Enter the number of training hours attended, per each class. Training is to be reported in increments of one-quarter hour.

Date Class Competed: The date when this class concluded, including month, day, and year.

Report Writer: This should be the Agency Head or Agency Head's Designee. The individual's name and title should be typed or clearly printed. Each page must be signed and dated.

Additional Notes:
No training can be entered into the Central Registry while the officer is on leave.

Limitations: Instructor-20 hours, Firearms Qualification-16 hours, EMT/Medical-16 hours, video/computer/multi-media/telenet-20 hours, FTO Instruction-20 hours.

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