**Minnesota Board**

**of Peace Officer**

**Standards and Training**

1600 University Avenue, Suite 200

St. Paul, MN 55104-3825

(651) 643-3060 • Fax (651) 643-3072

www.post.state.mn.us

 

**Affidavit of Attendance**

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| Beginning July 1, 2016, the POST Board will maintain continuing education credits for each officer who attends POST approved training. Continuing Education Sponsors are required to submit this “Affidavit of Attendance” form within 2 weeks after each training session. Even though the POST Board is maintaining continuing education credits, sponsors must continue to maintain a list of licensed peace officers and part-time peace officers who have successfully completed this conference. We encourage sponsors to submit the “Affidavit of Attendance” via E-mail at POSTBoard.Continuing.Education-Rosters@state.mn.us. We will also accept the rosters by mail or fax. This form can be found on the POST Board’s website at [www.post.state.mn.us](http://www.post.state.mn.us) under “Forms.” |
| **COURSE INFORMATION** |
| **Course Number:**  | **Course Title:**  | **POST Credits Approved****(total amount):**  |
| **Course Date(s) Attended:**  | **Contact Person:** | **Email:** | **Phone:** | **POST Use Only:** **Day 1 - Day 2- Day 3-**  |
| **Sponsor Name:**  | **Date Course Approved:**  | **Date Course Expires:** |

**ATTENDEES SHOULD INITIAL FOR EACH DAY ATTENDED**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **License****Number** | **Attendee Name** | **Day 1****Initial** | **Day 2****Initial** | **Day 3****Initial** | **License Number** | **Attendee Name** | **Day 1****Initial** | **Day 2****Initial** | **Day 3****Initial** |
| **1.**  |  |  |  |  | **8.**  |  |  |  |  |
| **2.**  |  |  |  |  | **9.**  |  |  |  |  |
| **3.**  |  |  |  |  | **10.**  |  |  |  |  |
| **4.**  |  |  |  |  | **11.**  |  |  |  |  |
| **5.**  |  |  |  |  | **12.**  |  |  |  |  |
| **6.**  |  |  |  |  | **13.**  |  |  |  |  |
| **7.**  |  |  |  |  | **14.**  |  |  |  |  |

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| **Sponsor Affirmation:** As a representative of the continuing education sponsor, I affirm the information on this form is complete and accurate and those individuals listed attended for the number of hours indicated and successfully completed the course/conference. |
| **Sponsor Representative Signature:**  | **Date:** |
| **Please Print Signature Written Above:**  | **Phone:**  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **License****Number:** | **Attendee Name:** | **Day 1****Initial** | **Day 2****Initial** | **Day 3****Initial** | **License Number:** | **Attendee Name:** | **Day 1****Initial** | **Day 2****Initial** | **Day 3****Initial** |
| **15.**  |  |  |  |  | **34.**  |  |  |  |  |
| **16.**  |  |  |  |  | **35.**  |  |  |  |  |
| **17.**  |  |  |  |  | **36.**  |  |  |  |  |
| **18.**  |  |  |  |  | **37.**  |  |  |  |  |
| **19.**  |  |  |  |  | **38.**  |  |  |  |  |
| **20.**  |  |  |  |  | **39.**  |  |  |  |  |
| **21.**  |  |  |  |  | **40.**  |  |  |  |  |
| **22.** |  |  |  |  | **41.** |  |  |  |  |
| **23.** |  |  |  |  | **42.** |  |  |  |  |
| **24.** |  |  |  |  | **43.** |  |  |  |  |
| **25.** |  |  |  |  | **44.** |  |  |  |  |
| **26.** |  |  |  |  | **45.** |  |  |  |  |
| **27.** |  |  |  |  | **46.** |  |  |  |  |
| **28.** |  |  |  |  | **47.** |  |  |  |  |
| **29.** |  |  |  |  | **48.** |  |  |  |  |
| **30.** |  |  |  |  | **49.** |  |  |  |  |
| **31.** |  |  |  |  | **50.** |  |  |  |  |
| **32.** |  |  |  |  | **51.** |  |  |  |  |
| **33.** |  |  |  |  | **52.** |  |  |  |  |

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