



Criminal Justice Certification Application

F7

Email: certification.scheduling@dpsst.oregon.gov; Fax: 503-378-4600
 Questions? Call DPSST at 503-378-2100 or email certification.scheduling@dpsst.oregon.gov

Revised
10/6/23

Applicant	Last Name		First Name		Middle Name		DPSST Number				
	Agency Name:						SSN*:				
	*SSN is required by law for child support enforcement and tax purposes per ORS 25.785 and ORS 305.385, 42 USC 405(c)(2)(C)(i), 42 USC 666(a)(13). Failure to provide your SSN will be basis to refuse issuance of a certificate.										
	Certificate: Police			Corrections		Parole & Probation		Regulatory Specialists		Telecommunicator	EMD
	Level: Basic			Intermediate		Advanced		Supervisory		Management	
Requirements	Visit the Certifications Web Page for a complete list of requirements for each certificate and level. Processing of applications not having all requirements visible in IRIS or appropriate documents attached will be delayed.								Yes	No	N/A
	Does IRIS reflect valid First Aid and Adult/Child CPR Certification? If no, submit an F6 Training roster indicating the expiration dates and training. Or enter Adult/Child CPR Expires: _____ Adult Only CPR Expires: _____ First Aid Expires: _____. ** 2021 HB 2513 requires that police officers be certified in Adult and Child										
	Are you a citizen of the United States or a nonimmigrant legally admitted to the US under a Compact of Free Association? ** U.S. Citizenship not required for certification as a Telecommunicator or Emergency Medical Dispatchers.										
	Basic Certifications: Does IRIS reflect submission of a Code of Ethics, successful completion of the appropriate Field Training Manual and Basic Training Course? If no, submit the missing documents with this form.										
	Upper Level Certifications: Does IRIS reflect the information needed to obtain the upper level of certification. If no, submit the missing documents with this form.										
	Education: I verify that training hours used to satisfy the requirements for upper levels of certification were not also used to obtain education credits with DPSST.										
Professional Standards	Criminal History								Yes	No	
	Have you ever been convicted of; found guilty of; entered a plea of guilt to; entered a plea of no contest to; entered a civil compromise; found guilty except for insanity or its equivalent; or adjudicated as a juvenile for an offense punishable as a crime (includes felonies, misdemeanors and violations) in ANY local, state, federal, military or tribal jurisdiction in Oregon or any other jurisdiction? If you answer yes to the above question, you must submit a form F28 Criminal History Reporting with this application. DPSST will not process your application without the form F28 completed in its entirety.										
Applicant Attestation	I attest the information contained in this application is true and correct. I understand that falsification of this document makes my DPSST certification(s) subject to denial or revocation under ORS 181A.640 and Chapter 259 Division 8.										
		Signature _____				Date _____					
		Printed Name _____			Title _____		DPSST No. _____				
		Email Address _____				Phone _____					
Contact	16. Provide any additional individuals who DPSST may contact regarding this form. Include only work email addresses. Rank, Name, Email and Phone Number										
Department Head Signature	I attest that I am the Department Head or hold DPSST Certification and I am authorized by the Department Head to sign below. I certify that the information entered on this form has been verified and is substantiated by records maintained by my agency and the applicant is competent to hold the requested level of certification. If certified by DPSST, I understand that falsification of this document makes my certification(s) subject to denial or revocation under ORS 181A.640 and OAR Chapter 259 Division 8.										
			Signature _____				Date _____				
			Printed Name _____			Title _____		DPSST No. _____			
			Email Address _____				Phone _____				
		FP Number		<input type="checkbox"/> LEADS Clear <input type="checkbox"/> OJIN E-Court Clear			Issued By/Date				