OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING
CJ Intermediate/Advanced Worksheet

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Questions? Call DPSST at 503-378-4411 or email certification.scheduling@dpsst.oregon.gov

F7ws
IRIS
Revised
5/8/2020

Applicant

1. Last Name	First Name	Middle Name	2. DPSST Number

4. Agency Name:

Certificate: Police   Corrections   Parole & Probation   Regulatory Specialists

Level: Intermediate   Advanced

Education

Education credits are calculated as follows:
Quarter Credits = Education credits or Semester Credits X 1.5 = Education Credits

Training used to obtain college credit cannot be used for both training and education. Meaning if a college/university accepted 40 hours of public safety training towards education credits, that 40 hours cannot be used to meet minimum training requirements.

Instructions

Using the Intermediate or Advanced certification charts located on the Certifications Web Page and *IRIS*, determine the number of required training hours for each subject area based on education and work experience in the requested discipline. List each course and provide a detailed explanation of how the training meets the subject area.

Definitions of Subject Areas:

Communication: Training that provides law enforcement officers with tools to effectively communicate with members of the public, individuals suspected of criminal activity, individuals under supervision, individuals with special needs, as well as managers and co-workers.

Advanced Technical: Discipline-specific training that enhances technical or tactical skills as a law enforcement officer.

Leadership: Training that enhances leadership ability, teaches effective leadership styles, or encourages the adoption of effective leadership behaviors.

Risk Management: Training that provides law enforcement officers with tools to recognize risks, the type of risk and effective tactics to manage risk.

Applicant Attestation

I attest that all information contained in this worksheet are true and correct and the reported training hours have not been used to gain education credits. I understand that falsification of this document makes my DPSST certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR 259-008-0300.

Signature _____   Date _____

Printed Name _____   Title _____   DPSST No. _____

Email Address _____   Phone _____

Signatures

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. If certified by DPSST, I understand that falsification of this document makes my DPSST certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR 259-008-0300.

Signature _____   Date _____

Printed Name _____   Title _____   DPSST No. _____

Email Address _____   Phone _____

DPSST USE

	Reviewed By/Date

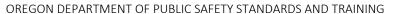*If the training is not visible in IRIS, attach an F15 Individual Training Log to have the training added to IRIS or attach printout from your agency listing training reported. Do not attached certificates of completion.*

| Name: | | | | DPSST No.: | |

Leadership

Date	Course ID	Course Title and Explanation of how training is related to Leadership	Hours*

*only indicate hours of course that applied to the subject area not the total course hours.   **Total Leadership Hours** | |

Risk Management

Date	Course ID	Course Title and Explanation of how training is related to Risk Management.	Hours*

*only indicate hours of course that applied to the subject area not the total course hours.   **Total Risk Management Hours** | |
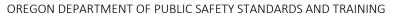
Name:				DPSST No.:

	Date	*Course ID*	*Course Title and Explanation of how training is related to Communications*	Hours*
C O M M U N I C A T I O N S				

*only indicate hours of course that applied to the subject area not the total course hours.   **Total Communication Hours**

If the training is not visible in IRIS, attach an F15 Individual Training Log to have the training added to IRIS or attach printout from your agency listing training reported. Do not attached certificates of completion.

Name:			DPSST No.:	

	Date	*Course ID*	*Course Title and Explanation of how training is related to Advanced Technical*	Hours*
A D V A N C E D T E C H N I C A L				

*only indicate hours of course that applied to the subject area not the total course hours.   **Total Advanced Technical Hours**

If the training is not visible in IRIS, attach an F15 Individual Training Log to have the training added to IRIS or attach printout from your agency listing training reported. Do not attached certificates of completion.