

## ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD PROGRAM COMPLIANCE CONFIRMATION

**Instructions to Provider:** Provider MUST ensure that each peace officer in attendance is provided with a copy of this completed form.

Instructions to Agencies: Agencies must ensure the ethics statement is signed by the officer attending distance learning courses.

**Instructions to Attendees:** Once provided a copy of this form, it shall be the Officer's responsibility to complete the **VERIFICATION OF ATTENDANCE** section of the form and deliver the form to their respective agency for inclusion in their training file. **Do not send this form to AZPOST**. Arizona administrative rules require law enforcement agencies to maintain training records for any and all peace officers they employ. This form meets AZPOST requirements for such record.

peace officers they crip	ioy. This form meets Azr Oot	requiremen	to lot suctifi	CCOIG.				
	CO	OURSE IN	FORMAT	ION				
CONFIRMATION NUMBER	CONFIRMATION NUMBER ISSUE D.  Distance Learning	ATE EXPIR	EXPIRATION DATE		DATE(S) OF TRAINING			
COURSE / PROGRAM TITLE	,	1		LOCAT	ION OF TRAINING			
AGENCY SPONSORING TRA	OUTSIDE PROVIDER OF TRAINING				HOURS	TYPE ☐ Continuing ☐ Proficiency		
ATTESTMENT: This pr used	ogram as submitted meets the to satisfy the certification reter	requiremen ntion require	ts of Arizona ments for th	a Admir e hours	nistrative Code R13- s of training specified	4-111 and, d above.	therefore, may be	
	VERIF	CATION	OF ATTE	NDAN	ICE			
NAME OF PEACE OFFICER (print)		AGENCY				BADGE/I.D. NUMBER		
Ethics Statement: I verdishonesty involving atto Certification.	rify I met all reader established endance or cheating during the	d course atte	endance, pa ld result in c	rticipati disciplin	on, and testing requinary action against m	irements. I ny Arizona F	understand Peace Officer	
PEACE OFFICER SIGNATUR	E							
		CERTIF	ICATION					
followed the lesson plan	e officer has attended training and all requirements of R13-4 below. They are available to A	-111 were m	net. All lesso					
AZPOST / LA	OUTSIDE PROVIDER / VENDOR							
PRIMARY INSTRUCTOR / FA		NAME OF PROVIDER – INSTRUCTOR NAME (printed)						
TRAINING SPONSORED BY		SIGNATURE	OF PER	SON WHO APPROVED V	/ENDOR PRO	VIDED TRAINING		
□ AZ I		Tammy Schliefer LOCATION WHERE LESSON PLAN IS MAINTAINED (IF not AZPOST)						
LOCATION WHERE LESSON	-)	LOCATION WHERE LESSON PLAN IS MAINTAINED (IT NOT AZPOST)						
	TRAVEL	REIMBUR	SEMENT	REQ	UEST			
☐ Prea	approved AZPOST Tra					AZ POST INIT	IALS	
the individual named ab hereby certify that I am heretofore been paid ar attended this course of	uested, please forward a copy ove. The request for reimburs a duly authorized official of the id is in accordance with state lainstruction as a sworn peace of ering records of employment, p	ement must claimant, th aw and AZ P fficer in the s ayrolls, rece	be submitted at the claim OST rules. State of Arizontes of travers	ed <b>with</b> is in al The ind ona app	in 60 days after cor I respects true, accu dividual identified on pointment by this ag	mpletion o rate, correct this progra ency. The	f training. I ct and has not am approval has agency has on file	
NEINIDURSEMENT AMOUNT	IVAIVIE / TITLE OF AUTHORIZED O	TIOIAL (PRIN	')		AGENC I			