



## 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.

| COURSE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                           |                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------|
| CONFIRMATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CONFIRMATION NUMBER ISSUE DATE<br><input type="checkbox"/> Distance Learning | EXPIRATION DATE                                           | DATE(S) OF TRAINING                                                                          |
| COURSE / PROGRAM TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | LOCATION OF TRAINING                                      |                                                                                              |
| AGENCY SPONSORING TRAINING <input type="checkbox"/> Inner Agency Training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OUTSIDE PROVIDER OF TRAINING                                                 |                                                           | HOURS<br>TYPE<br><input type="checkbox"/> Continuing<br><input type="checkbox"/> Proficiency |
| <b>ATTESTMENT:</b> This program as submitted meets the requirements of Arizona Administrative Code R13-4-111 and, therefore, may be used to satisfy the certification retention requirements for the hours of training specified above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                           |                                                                                              |
| VERIFICATION OF ATTENDANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                           |                                                                                              |
| NAME OF PEACE OFFICER (print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              | AGENCY                                                    | BADGE/I.D. NUMBER                                                                            |
| <b>Ethics Statement:</b> I verify I met all established course attendance, participation, and testing requirements. I understand dishonesty involving attendance or cheating during the course could result in disciplinary action against my Arizona Peace Officer Certification.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                           |                                                                                              |
| PEACE OFFICER SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              |                                                           |                                                                                              |
| CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                                           |                                                                                              |
| The above-named peace officer has attended training as specified and successfully completed any required testing. The course followed the lesson plan and all requirements of R13-4-111 were met. All lesson plans and attendance rosters for this course are on file at the location listed below. They are available to AZPOST for audit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                           |                                                                                              |
| AZPOST / LAW ENFORCEMENT AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | OUTSIDE PROVIDER / VENDOR                                 |                                                                                              |
| PRIMARY INSTRUCTOR / FACILITATOR NAME (Printed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              | NAME OF PROVIDER – INSTRUCTOR NAME (printed)              |                                                                                              |
| TRAINING SPONSORED BY<br><input type="checkbox"/> AZ POST <input type="checkbox"/> AGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | SIGNATURE OF PERSON WHO APPROVED VENDOR PROVIDED TRAINING |                                                                                              |
| LOCATION WHERE LESSON PLAN IS MAINTAINED (if not AZPOST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              | LOCATION WHERE LESSON PLAN IS MAINTAINED (if not AZPOST)  |                                                                                              |
| TRAVEL REIMBURSEMENT REQUEST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                           |                                                                                              |
| <input type="checkbox"/> Preapproved AZPOST Travel Status Reimbursement Applicable <span style="float: right;">AZ POST INITIALS _____</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                           |                                                                                              |
| If reimbursement is requested, please forward a copy of this form to AZ POST along with documentation showing agency payment to the individual named above. <i>The request for reimbursement must be submitted within 60 days after completion of training.</i> I hereby certify that I am a duly authorized official of the claimant, that the claim is in all respects true, accurate, correct and has not heretofore been paid and is in accordance with state law and AZ POST rules. The individual identified on this program approval has attended this course of instruction as a sworn peace officer in the State of Arizona appointment by this agency. The agency has on file original documents covering records of employment, payrolls, receipts of travel, per diem, tuition and other expenses to substantiate this claim. |                                                                              |                                                           |                                                                                              |
| REIMBURSEMENT AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NAME / TITLE OF AUTHORIZED OFFICIAL (PRINT)                                  |                                                           | AGENCY                                                                                       |