

If your organization is intending to provide Continuing Law Enforcement Education (CLEE) training to Missouri law enforcement officers and:

1. You want these officers to receive CLEE training credit that can be used to meet their annual continuing education (24 hour) requirement, then;
2. Your training course must be pre-approved and assigned a control number by POST **before** the training is presented.

To get your training program/course approved please submit the following information to Missouri POST, PO Box 749, Jefferson City, MO 65102 (***allow 30 days for approval***). The Training Course Requirement Checklist should be used as a final check by you before sending your course to POST.

If you have any questions, please contact the POST Program:

- Via telephone at 573-751-3409 or
- Via e-mail: post@dps.mo.gov

ORGANIZATION INFORMATION			
Organization Name		Telephone Number ()	
Fax Number ()	Address		
City	State	Zip	
Contact Person/ Administrator		Telephone Number ()	
E-mail Address (Required)		Website	
Course Title			

Attendance Policy

To successfully complete a course used to meet the Missouri Continuing Law Enforcement Education (CLEE) training requirements, an individual's absence **must not** be allowed for any reason, valid or otherwise. Each individual attending this course must sign the Attendance Sign-In Sheet, (see attached example) upon arrival to the class. No attendee may sign-in for someone other than themselves.

Individuals who do not successfully complete **all** hours of instruction will not receive credit for this course and a Certificate of Completion should not be issued.

Evaluation Plan

Each hour of CLEE training must have a minimum of fifty (50) minutes of class time, which is then typically followed by a ten (10) minute break. Each hour of instruction equates to one (1) hour of CLEE credit.

What does the officer have to do to successfully complete this course? (Check the applicable boxes)

- Attendance & Participation
- Written Test
- Oral Test
- Practical Exercise

Total Hours of Training (indicate the number of hours in each of the four (4) core curricula areas):

Legal Studies _____ **hour(s):** Described as training that focuses on updates or familiarization of federal or state criminal law, case law updates or any type of legal issues.

Interpersonal Perspectives _____ **hour(s):** Described as training that focuses on interpersonal or communication skills, such as implicit bias, racial profiling, cultural diversity, ethics, fair and impartial policing practices, conflict management, victim sensitivity, critical thinking and social intelligence, mental health awareness, and stress management training.

Technical Studies _____ hour(s): Described as training that focuses on specialized studies or activities which directly relate to the job description and performance, such as crash investigation, traffic stops and agency policy updates.

Skill Development _____ hour(s): Described as training that focuses on activities that develop physical skill proficiency and demonstrative tasks such as defensive tactics, driver training, first aid, and CPR training.

Skill Firearms _____ hour(s): Described as training that focuses on activities that develop physical skill proficiency and demonstrative tasks in firearms.

If applicable, indicate Racial Profiling in the proper core area:

- Racial Profiling training for the following number of hours: _____ Legal Studies, _____ Interpersonal Perspectives, _____ Technical Studies, _____ Skill Development.

The Course Attendance Sign-In sheet is used to ensure proper attendance throughout the course. This is just an example and may be modified to your specifications; however the form should, at a minimum, include the officer's name and POST license number.

COURSE ATTENDANCE SIGN-IN SHEET

Name of Course _____

Organization _____

Location _____ Date _____

Instructors Name _____ POST Control Number _____

NAME (PRINT)

POST LICENSE NUMBER

I attest that the above-listed individuals attended this CLEE training course in its entirety.

Instructor's Signature _____

INSTRUCTOR RECORD

INSTRUCTIONS FOR COMPLETION

You may use the attached “Instructor Record” form, OR you may choose to submit the instructor’s resume or curriculum vitae. If you use the attached “Instructor Record” form it must be filled out in its entirety. If your instructor wishes to obtain continuing law enforcement education credit for instructing this course, the instructor’s peace officer license number must be noted on their submitted “InstructorRecord”, on their resume, or on their curriculum vitae.

Regardless if you choose to submit the “Instructor Record” or resume/CV, either form must explicitly outline your qualifications to instruct the course for which you are applying. For example, if you are providing instruction in defensive tactics, you must list the instructor certifications you currently possess and provide copies of your relevant instructor certifications.

INSTRUCTOR RECORD

Last Name:	First Name:	Middle Initial:
Address:	City:	State and Zip:
Phone:	Work Phone:	Mobile:
Fax Number:	E-Mail:	Peace Officer License #:

Instructor Experience

Title of course to be taught:

List your experience, education, and training that specifically qualifies you to instruct this course. **(If you have them, please attach any relevant training certificates or any relevant secondary or third-party instructor licenses.)**

References - who can best attest that you are qualified to teach this course (include name and phone number)

1st Reference

Phone #:

2nd Reference

Phone #:

3rd Reference

Phone #:

Instructor Attestation

By submitting this form to the Missouri Department of Public Safety, I hereby certify that all of the above information is accurate to the best of my knowledge.

OBJECTIVES OF THE COURSE

INSTRUCTIONS FOR COMPLETION

The purpose of this form is for the instructor to list the specific, measurable learning objectives for this course. The objectives must outline what the student should be able to do as a result of completing this course.

*The objectives must be **measurable**.*

*When listing the objectives, use terms such as **List, Define, Identify, Demonstrate and Discuss**.*

*The terms **Learn, Know and Understand** are **not** measurable terms and cannot be used when listing the objectives.*

As a reminder, the course objectives must clearly be identified in the detailed lesson plan of the course.

There is no required minimum number of learning objectives; you can have one broad learning objective or multiple specific learning objectives.

At the end of this _____ hour CLEE training course, the student will be able to:

DETAILED SYNOPSIS OR DETAILED OVERVIEW OF THE COURSE TO BE DELIVERED

This should be detailed enough to outline what is being taught and to illustrate that the learning objective(s) and the additional topic area(s), if any, are clearly being met and how they are being met.

Describe in narrative form how the course objectives will be met. It is not enough to simply restate the learning objective; you must describe how the objective will be met. For example:

APPROPRIATE:

- *Objective: Demonstrate advanced communication techniques*
- *The student will maintain communication with all role-players throughout the scenario and will be able to demonstrate advanced communication techniques to successfully mitigate the crisis.*

INAPPROPRIATE:

- *Objective: Define racial profiling.*
- *The student will be able to define racial profiling.*

(Note: If your course is awarding hours in one of the sub-topic areas, it must meet that topic area in its entirety)

EXAMPLE OF CERTIFICATE OF COURSE COMPLETION

This example contains all of the information that is required of a Missouri certificate of CLEE course completion.

You may use a different certificate format, but it must contain all of the components listed on the following page and a sample certificate must be submitted with this application.

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Certificate of Completion

Of _____ hours of Continuing Law Enforcement Education training for

in the area(s) of ***Legal Study*** *hours*, ***Technical Study***
hours, ***Interpersonal Study*** *Hours*, ***Skill Development*** *Hours*, and
Skill Development (Firearms) *hours*
held on

*“The Missouri POST Program has approved this course for “Approved
Provider” training credit, POST Control Number _____.”*

If applicable, Racial Profiling should be noted on the certificate as well:

*Racial Profiling training for the following number of hours: _____ Legal Studies,
_____ Interpersonal Perspectives, _____ Technical Studies, _____ Skill Development.*

*NOTE: If the course is Skill Development in the area of Firearms training, the
certificate should specifically indicate that “Skill Development (Firearms)” was
awarded.*

Individual Responsible for General Administration of the Course

Training Course Requirement Final Checklist

The Training Course Requirement Checklist should be used as a final check by you before sending your course to POST. This checklist is for your files and does not have to be submitted to POST.

1. Information for Provider of Continuing Education

- Name of the Organization Providing the Training (Name & Address)
- Organization contact person's phone number
- Attendance Policy (policy to state what the attendance is for the course, Sign-In sheets, affirmation of attendance, or the source used to prove attendance)
- Evaluation Plan (this is to state what the student has to do to successfully complete the course)
- Total hours of training in curricula areas (state the total hours in each of the four (4) core curricula areas and other mandated topic areas if applicable)

2. Instructor Record

- Instructor Record (this will outline what qualifies the instructor as a "subject matter expert," training, experience, certifications, etc., that qualifies them to teach this particular course)

3. Objectives of the course

- Objectives of the course (this will state what the student should be able to do as a result of completing the course)

4. Detailed Synopsis or the Detailed Overview of the Course

- This should be detailed enough to clearly outline what is being taught and to show that the objectives are met.

5. Certificate

- Each student is to receive a certificate/diploma that includes: **(Submit sample copy to POST)**
 1. Organization Name
 2. Student's name
 3. Number of contact hours (total)
 4. Name of course
 5. Number of hours in each core curricula area
 6. Date and location of course
 7. Note any specific topic areas covered and the appropriate number of core hours if applicable.
 8. If the course covers Skill Development (Firearms), note it as such.
 9. The following statement must appear on the certificate/diploma: *"The Missouri POST Program has approved this course for "Approved Provider" training credit, POST Control Number _____."*
 10. Individual Responsible for General Administration of the Course

Name of Person Reviewing Course Requirement (PRINT)

Phone #

Date of Review