

Board of Peace Officer Standards and Training

1600 University Avenue, Suite 200, Saint Paul, MN 55104 Main: (651) 643-3060 | https://mn.gov/post

CONTINUING EDUCATION AFFIDAVIT OF ATTENDANCE

> Continuing Education Sponsors are required to submit this Affidavit of Attendance form within 2 weeks of the course conclusion. Sponsors must maintain a list of licensed peace officers and part-time peace officers who have successfully completed the course. This form must be submitted via email to: postBoard.continuing.Education-Rosters@state.mn.us.

1. COURSE INFORMATION									
Course Number			Course Title						
Approved Credits			Course Sponso	or					
Date(s) of Attendance				·	Contact Name				
Course Approval Date					Contact Email				
Course Expiration Date				Contact Phone					
2. COURSE ROSTER									
License	License Number		Attendee Full Name		Date(s) Attended		ed	Credit Hours Attended	
1.									
2.									
3.									
4.									
5.									
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3. SPONSOR AFFIRMATION									
➤ Line 1 applies to all courses. Lines 2 and 3 apply only to courses covering Mandatory Learning Objectives.									
➤ Check each box as it applies to this course.									
As a representative of the continuing education sponsor, I affirm the following:									
1. The information on this form is complete and accurate and those individuals listed attended this course for the number of hours indicated and successfully completed the course.									
2. Attendee learning was assessed according to the plan submitted for this course; and, the results of the learning assessment are documented and, if requested, are available for POST Board review.									
3. The lea	arning asse	essment res	ults show that t	his course is teach	ng the mandator	y learnir	ng object	ives approved by POST.	
By signing this affidavit, I affirm that this course has met all POST Board requirements.									
Sponsor Representative Signature						Date			
Sponsor Representative Name						Phone			



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4. COURSE ROSTER (continued from page 1)								
	License Number	Attendee Full Name	Date(s) Attended	Credit Hours Attended				
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