



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Police Officer Standards and Training Council
Connecticut Police Academy

Field Services Training Division – Experiential Areas Practicum

Name: _____

POST ID#: _____

Agency: _____

Area(s) Requesting (Circle applicable areas): 302A 302B 302C 306 306A 306B

As required by the Police Officer Standards and Training Council, you are required to attend a practicum with a POST academy instructor. Contact the Basic Training Office at 203-427-2608 to schedule your practicum dates. Once the practicum is completed, have the POST instructor sign below confirming you have completed this requirement. Forward this form and any necessary supporting documentation to the Certification Division with your instructor application to process the endorsements you are requesting above. Be sure your lesson plans are attached, and the instructor application is filled out completely and signed by your Chief of Police.

Practicum(s) completed on: _____
Dates

POST Academy Instructor - Print name

POST Academy Instructor - Signature

Date POST Instructor signed