

**TENNESSEE
PEACE OFFICERS STANDARDS AND TRAINING COMMISSION**

SPECIALIZED TRAINING SUBSTITUTION

AGENCY SUBMITTING REQUEST: _____

Please accept this request to substitute the following course for fulfillment of annual in-service training for:

Name: _____
(Last / First / Middle)

Rank: _____ Badge ID: _____ PSID #: _____

UNIT ASSIGNED TO AND/OR DUTIES AND RESPONSIBILITIES:

**NAME OF COURSE COMPLETED OR
CLASS COMPLETED:** _____

NUMBER OF HOURS: _____ **TEST SCORE:** _____

SPONSORING AGENCY: _____
(Agency that provided the training)

TRAINING SITE: _____

DATE(S) ATTENDED: _____ To _____

**SIGNATURE OF
AGENCY HEAD:** _____ **TITLE:** _____

A copy of the Certificate of Completion must be attached. No credit will be given without documentation confirming successful completion. Child Sexual Abuse, EVOC and Firearms Qualification must also be met.

CRITIQUE:

A – Highest F – Lowest

- | | | | | | |
|--|---|---|---|---|---|
| 1. Was this course beneficial to your job assignment? | A | B | C | D | F |
| 2. Would you recommend this course to another officer? | A | B | C | D | F |
| 3. How would you rate the instructor? | A | B | C | D | F |
| 4. Was the information presented in a concise manner? | A | B | C | D | F |
| 5. How would you rate the facility? | A | B | C | D | F |
| 6. Was the handout material satisfactory? | A | B | C | D | F |
| 7. Comments: | | | | | |

Officer's Signature: _____