

STATE OF NEVADA COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

5587 Wa Pai Shone Avenue Carson City, Nevada 89701 (775) 687-7678 Fax (775) 687-4911

Request must be made at least Five (5) business days before exam is to be taken and will only be scheduled Monday through Thursday-NO FRIDAY TESTS

REQUEST FOR POST STATE CERTIFICATION EXAMINATION

Only employed officers are eligible to take the exam. Individuals must enroll in the NVAPPS system prior to taking the test. Instructions for enrollment in NVAPPS and Steps to take State Certification Exam are on the POST website.

If any problems are encountered while taking an exam, please contact the HR Helpdesk at 775-687-9099

Academy/Agency Name: Academy/Agency Representative Requesting Exam:			Title:
Email:		Pho	ne:
Not Reciprocity			s employee meets all reciprocity requirements and I have te certification and full time employment as a peace officer
Exam Category (check the box below) Category I Category II Category III Reserve	# of Students	Exam Date Requested Monday-Thursday ONLY	Requested Exam Time Window (i.e. 8am-1pm)
		Required I)ocument
			th their full name, DOB, start and end date of acade my brhead. It must be attached to the email when this form is
submitted.		on rigency or resulting round	
		Acknowledgement a	nd Understanding
			Training, you agree, to the best of your ability, to adhere to
		cation Exam requirement:	ng the state certification exam.
2. Only peace	officers meet		completion of the academy/reciprocity training as listed in
facility und	er immediate	staff supervision.	ation at the agency training site or other authorized agency
•	•		be present for the testing. NO individuals are permitted to
		mination on their own. ASSIST, COACH OR TAKE	THE EXAM FOR ANOTHER PERSON.
Comments:			Email to Kelly Engels, k.engels@post.state.nv.us
		POST USE	ONLY
Request Scheduled	By:	1001 002	

Date and Time Testing Available: _____

Password is case-sensitive!: