



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

**ATTENDANCE ROSTER**

Course Certification # \_\_\_\_\_ Course Title \_\_\_\_\_ Hours \_\_\_\_\_

Date(s) \_\_\_\_\_ Agency/Training Provider \_\_\_\_\_ Lead Instructor \_\_\_\_\_

**Training Provider:** Per NAC 289.310, the Training Provider must issue certificates of successful completion and must include the course certification #, name and date of the course, and the hours of training. A copy of this roster, results of the examination, and evaluations of the course must be kept on file for inspection.

**Note:** \*If Training Provider prints and mails paper certificates, this column may be used for student's mailing address.

\*\*Training Provider must mark test results. If no test is administered, mark Test Results as N/A.

**Students:** *PRINT CLEARLY!!* Certificates are issued from this information. If the information is not legible, a certificate will not be issued.

	Check If NOT SWORN	POST ID#	FULL NAME <i>(This name will appear on your certificate)</i>	YOUR AGENCY	YOUR EMAIL ADDRESS* <i>(Where to send your certificate)</i>	TEST RESULTS** P=PASS F=FAIL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

	Check If NOT SWORN	POST ID#	FULL NAME <i>(This name will appear on your certificate)</i>	YOUR AGENCY	YOUR EMAIL ADDRESS* <i>(Where to send your certificate)</i>	TEST RESULTS** P=PASS F=FAIL
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						

	Check If NOT SWORN	POST ID#	FULL NAME <i>(This name will appear on your certificate)</i>	YOUR AGENCY	YOUR EMAIL ADDRESS* <i>(Where to send your certificate)</i>	TEST RESULTS** P=PASS F=FAIL
33						
34						
35						
36						
37						
38						
39						
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41						
42						
43						
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