

OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING
DPSST COURSE ATTENDANCE ROSTER
 (Please Refer to Instructions for Completion, Available at www.dpsst.state.or.us)

F-6

Only Course Title and Course Number from Standardized Course List Will Be Accepted- Refer to DPSST Website

1. Course Title: Corrections Training-Other		2. Course Number: 11-0769	
3. Start Date: 07/03/2012		4. Ending Date: 07/03/2012	
		5. Total Course Hours: 2	
6. Course Description/Topics: Mail Policy, J603-R10			
7. Subject Area: (Check subject area as identified on Standardized Course List)			
<input type="checkbox"/> Firearms/ Use of Force		<input type="checkbox"/> First Aid Expiration Date: _____	
<input type="checkbox"/> Leadership		<input type="checkbox"/> CPR Expiration Date: _____	
<input checked="" type="checkbox"/> Other			
8. Sponsoring Agency or Entity and Address: Columbia County Sheriff's Office, 901 Port Avenue, St. Helens, Oregon 97051			
9. Location of Training, City: St. Helens		10. Location of Training, County: Columbia	
11. Instructor Name, DPSST #, Address, Phone Number and Email Address: McDowall, Brooke J., Weaver, Tony, 901 Port Avenue, St. Helens, Oregon 97051, brooke.mcdowall@co.columbia.or.us			

12. Attendee Information (only those with DPSST numbers identified will receive DPSST training credit):

	DPSST #	Attendee Name*** (Last, First)	Did you Instruct ? ✓ here	Agency	Hours Attended (% hr minimum)
1	42436	McDowall, brooke	X	CCSO	2
2	50583	Weaver, Tony	X	CCSO	2
3	49242	Feakin, Mike		CCSO	2
4	46980	Frazier, Sophie		CCSO	2
5	51621	Townsend, Carolyn		CCSO	2
6	51619	Johnson, Ivan		CCSO	2
7	50584	Kernutt, Jon		CCSO	2
8	37085	Kyles, Marti		CCSO	2
9	49829	Lautt, Arnie		CCSO	2
10	34755	Ritchie, Michelle		CCSO	2
11	42769	Rush, Marcia		CCSO	2
12	40677	Scholl, Ryan		CCSO	2
13	38689	Watkins, Mitch		CCSO	2
14	51226	Yon, Brandon		CCSO	2

13. Lead Instructor/Agency Head/Training Officer or Designee: As an authorized instructor, agency head, training officer, or designee, I have reviewed this roster for completeness and accuracy. I understand that falsification of this document makes my certification(s) subject to denial or revocation under ORS 181.662 and OAR 259-008-0070.

Signature: <u>[Signature]</u>	Printed Name: <u>McDowall, Brooke</u>
Address: (If same as Sponsoring Agency in 8 above, may indicate "same as above" or "see above")	
Date: <u>8/8/12</u>	Day Phone: <u>366-4645</u>

*** By submitting his/her name for inclusion on this roster, the identified participant(s) understand that falsification of this document makes their certification(s) subject to denial or revocation under ORS 181.662 and OAR 259-008-0070.***

Failure to complete ALL fields WILL result in officers not receiving credit on their DPSST Training Records or roster being returned to agency.

Return to: DPSST, Attn: Training Records, 4190 Aumsville Hwy. SE, Salem OR 97317

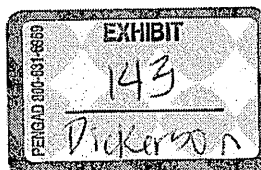
Fax: 503-378-4600 Phone: 503-373-0389



DPSST Use Only	Advanced/Reception	Basic Academy	Other	Date Entered By
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Revised 9-9-11

Discard all previous versions



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