



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Police Officer Standards and Training Council
Connecticut Police Academy

Field Services Training Division – Firearms Practicum

Name: _____ POST ID#: _____

Agency: _____

Area(s) Requesting (Circle applicable areas): 301 301A 301B 301C 302D

As required by the Police Officer Standards and Training Council, you are required to attend a practicum with a POST academy firearms instructor. Contact the Range Office at 203-427-2628 to schedule your practicum date(s). Once the practicum is completed, have the POST firearms instructor sign below confirming you have completed this requirement. Forward this completed form and the 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.

Firearms Practicum completed on: _____
 Date(s)

Patrol Rifle Practicum completed on: _____
 Date(s)

Special Munitions Practicum completed on: _____
 Date(s)

 POST Academy Firearms Instructor
 Print name

 POST Academy Firearms Instructor
 Signature

 Date signed