OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

**DPSST COURSE ATTENDANCE ROSTER F-6**

**(Please Refer to Instructions for Completion, Available at** [**www.dpsst.state.or.us**](http://www.dpsst.state.or.us)**)**

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

**1. Course Title: Suicide Intervention Training (ASIST) 2. Course Number: 15-0686**

**3. Start Date:** **4. Ending Date:** **5. Total Course Hours: 12.5**

**6. Course Description/Topics: ASIST is a 2-day, experiential class to help first responders and other caregivers recognize suicide risk and learn what to say and do to prevent the immediate risk of suicide.**

**7. Subject Area:** (Check subject area as identified on Standardized Course List)

**[ ]  Firearms/ Use of Force** **[ ]  First Aid Expiration Date:**

**[ ]  Leadership** **[ ]  CPR Expiration Date:**

**[ ]  Other**

**8. Sponsoring Agency or Entity and Address:**

**9. Location of Training, City:       10. Location of Training, County:**

**11. Instructor Name, DPSST #, Address, Phone Number and Email Address:**

**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**(½ hr minimum) |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |

**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**: **Printed Name**:

**Address**: (If same as Sponsoring Agency in 8 above, may indicate “same as above” or “see above”)

**Date**:       **Day Phone**:

\*\*\*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

**Basic Class &**

**# :** \_\_\_\_\_\_\_\_\_

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

## DPSST Use Only: Advanced/Regional Basic/Academy Other Date Entered/By:

**Revised 9-9-11 Discard all previous versions**