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| DPSST | OREGON DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAININGCOURSE ATTENDANCE ROSTER | F-6 |

 **Please Refer to Instructions for Completion, Available at http://www.oregon.gov/DPSST**

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

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| **1. Course Title:**  | **Suicide Intervention Training (ASIST)** | **2. Course Number:** | **16-0686** |
| **3. Start Date** (M/D/Y)**:** |  | **4. Ending Date** (M/D/Y): |  | **5. Course Hours:** | **12.5** |
| **6. Course Description/Topics:** |  |
| **7. Expiration Dates** (if applicable)**:** | **[ ]  First Aid Exp. Date**: |  | **[ ]  CPR Exp. Date**: |  |
| **8. Sponsoring Agency or Entity and Address:** |  |
| **9. City of Training:** |  | **10. County of Training:** |  |
| **11: Instructor Name:** |  | **DPSST#:**  |  | **Phone Number:** |  |
| **Address:** |  | **Email Address:** |  |

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| **12. Attendee Information:** *(Only those with DPSST numbers identified will receive DPSST training credit. 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.)* |
|  | **DPSST #** | **Attendee Full Name****(Please print clearly: Last, First)** | **Check Box if you Instructed** | **Agency****(No Letter Abbreviations)** | **Hours****Attended**(½ hr minimum) |
| **1** |  |  | **[ ]**  |  |  |
| **2** |  |  | **[ ]**  |  |  |
| **3** |  |  | **[ ]**  |  |  |
| **4** |  |  | **[ ]**  |  |  |
| **5** |  |  | **[ ]**  |  |  |
| **6** |  |  | **[ ]**  |  |  |
| **7** |  |  | **[ ]**  |  |  |
| **8** |  |  | **[ ]**  |  |  |
| **9** |  |  | **[ ]**  |  |  |
| **10** |  |  | **[ ]**  |  |  |
| **11** |  |  | **[ ]**  |  |  |
| **12** |  |  | **[ ]**  |  |  |
| **13** |  |  | **[ ]**  |  |  |
| **14** |  |  | **[ ]**  |  |  |
| **15** |  |  | **[ ]**  |  |  |

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

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| **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:** |  | **Date:** |       |  |
| **Printed Name:** |       | **Day Phone:** |       |  |
| **Address:** |       | **Email Address:** |       |  |
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| Please return fully completed rosters to DPSST by ONE of the following methods:1) Scan and email: dpsst.f6roster@state.or.us 2) Fax: 503-378-46003) Mail: DPSST, Attn: Training Records, 4190 Aumsville Hwy. SE, Salem OR 97317 If you have questions call: 503-378-2083 |
| DPSST Use Only: | Advanced/Regional | Basic/Academy | Basic Class & #: | Date Entered/By: |
| **Revised 7-31-15** | **Discard all previous versions** |