

# Professional Peace Officer Education Coordinator Designation Form

School Name:	
Coordinator Name:	Appointment Date:
Coordinator Phone #:	Email Address:
Signature:	

## Coordinator Requirements

*This section is to be completed by the designated PPOE coordinator. An answer of "No" to any question means this individual does not meet the requirements and may not act as coordinator unless the designation has received prior approval by POST for short term, temporary appointment until a fully qualified individual is designated. The requirements are per Minn. R. 6700.0100, Subp. 10, & 6700.0300, Subp.6, D.*

<p>1. Are you employed full-time by this certified school and have you been designated by the school to manage the day-to-day activities of the professional peace officer education program?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>2. Do you have a baccalaureate degree or a higher degree in law enforcement, criminal justice, education, social or behavioral science, or related field?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p style="padding-left: 40px;">Specify the degree, field of study and name of the higher education institution that awarded the degree. <i>(Be sure to provide all three.)</i></p>
<p>3. Do you have at least three years of experience with a criminal justice agency?</p> <p style="padding-left: 40px;"><input type="checkbox"/> Yes    <input type="checkbox"/> No    (check one)</p> <p style="padding-left: 40px;">If yes, list the name of the criminal justice agency or agencies, the dates of employment and the positions held. Include employment dates for at least 3 years.</p> <p style="padding-left: 40px;"><i>Note: Supplemental information may be submitted or may be requested.</i></p>
<p>4. If you are only serving as coordinator temporarily please explain the circumstances behind the need for a temporary coordinator and give the date you expect the permanent coordinator to return to the position or a new coordinator to be named.</p>

## Designating Authority

*This section is to be completed by the representative of the school authorized to employ and designate the PPOE coordinator. The requirement is per MN Rules 6700.0100, Subp. 10.*

I affirm that the above named individual is employed full time by this school and been designated to manage the day-to-day activities of the professional peace officer education program.	
Signature: _____	Date: _____
Title/Position: _____	
Email address or phone number: _____	

\*Attach additional pages as needed.

08/23/2024