Form: PC-5
Revised 09/2026

LEVEL 3 – 92 HOUR CORRECTIONAL OFFICER TRAINING

POST USE ONLY:

Entered/Issued: _____

By: _____

TRAINING LOCATION: _____ NUMBER OF OFFICERS:_____

TRAINING DATES: FROM:_____ TO:_____

CERTIFICATION OF CORRECTIONS INSTRUCTOR:

I hereby certify that the below listed individuals are full-time "Peace Officers" (local jailers) unless otherwise noted. I further certify that these individuals received a minimum of 92 hours of corrections training in accordance with POST council guidelines, with Firearms and Defensive Tactics instruction provided by appropriate POST-certified instructors.

FALSIFICATION OF INFORMATION ON THIS FORM MAY RESULT IN WITHDRAWAL OF INSTRUCTOR CERTIFICATION.

_____ _____

Signature of POST Corrections Instructor | Printed Name of POST Corrections Instructor

Phone Number: _____

Address to mail certificates to:_____
(Please type or print)

Email Address: _____ _____

List additional **POST Corrections Instructors** who helped during this class:

_____

_____

_____

You may submit the completed form to POST by mail (P.O. Box 3133, Baton Rouge, LA, 70821), or by email (POST@lcle.la.gov).

DO NOT write in the columns marked with an asterisk (*). Those columns are for POST only.

* NP	NAME (As It Appears on Driver's License) Last First Middle	* Dist	Male/ Female (M/F)	Social Security # Driver's License #	Date of Birth	AGENCY	HIRE DATE	SCORE	* POST CERT. #