

## TRAINING PROGRAM APPROVAL REQUEST

This application is for the purpose of requesting a review of course content to determine that it addresses the requirements for training in the topics identified at 310:670-5-10(b)(2). Other course content is allowed but will not be reviewed. The completed request form and course curriculum may be submitted via e-mail at [jails@health.ok.gov](mailto:jails@health.ok.gov) (Click SUBMIT at bottom of form); fax at (405) 271-5304, or mail to the above address.

### 1. ENTITY SPONSORING TRAINING PROGRAM (Location of Training Records)

Name	Phone Number (Include Area Code)	
Address	E-MAIL	
City	State	Zip Code

### 2. TRAINING PROGRAM COORDINATOR (Facilitator, Primary Instructor, etc.)

First Name	Last Name
Phone Number (Include Area Code)	E-Mail

### 3. Course Curriculum Program Plan - Submit a written description that includes the following for the course you wish to be reviewed:

- The knowledge outcomes for the course(s) and standards addressed among the following:
  - **Security procedures** (e.g. use of force, key control, restraints, counts, site checks, escorting, etc.)
  - **Supervision of inmates** (e.g. suicide intervention and prevention, PREA, etc.)
  - **Report writing and documentation**
  - **Inmate rules and regulations**
  - **Grievance and disciplinary procedures**
  - **Rights and responsibilities of inmates**
  - **Emergency procedures** (e.g. medical, fire procedures, inmate disturbance, tornado, etc.)
  - **First aid and cardiopulmonary resuscitation** (CPR)
  - **Other requirements of Chapter 670 City and County Detention Facility Standards.**
- An outline of the associated content for each knowledge outcome.
- The teaching methods and any instructional media to be utilized.
- A breakdown of the curriculum into clock hours of instruction.
- Sample training completion certificate - *Participants shall be issued a certificate of attendance indicating the name of the sponsoring entity; participant name; course name; hours, course dates; printed name and signature of official representing the sponsoring entity, and the form to be placed in the employee's Facility Training File.*
- Education and experience requirements for training instructors.

**Initial Training 24 hrs.**

**Annual Training 8 hrs.**

**Other Training**