

Protective Health Service

Detention Program - Jail Inspections
Oklahoma State Department of Health
123 Robert S Kerr Ste. 1702 · Oklahoma City, OK 73102
Telephone (405) 426-8170 Fax (405) 900-7575

E-mail jails@health.ok.gov http://jails.health.ok.gov

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 Title 74 O.S. § 192.3(8). Other course content is allowed but will not be reviewed. The completed request form and course curriculum may be submitted via e-mail at iails@health.ok.gov (Click SUBMIT at bottom of from); fax at (405) 900-7575, or mail to the above address.

			Phone Numb	er (IncludeArea Code)
Address			E-MAIL	
City	<u> </u>		State	ZipCode
2.	TRAINING PROGRAM COORDINATOR (Fa	acilitator, Primary Instruc	ctor, etc.)	1
First N	Jame	Last Name		
Phone	e Number (Include Area Code)	E-Mail		
	Course Curriculum Program Plan - Submit a	a written description that	includes the followi	ng for the course you wish to
	The knowledge outcomes for the course(s)	and standards addressed	among the following	ng:
	> Security procedures (e.g. use of	force, key control, restra	ints, counts, site ch	ecks, escorting, etc.)
	Supervision of inmates (e.g. suid		vention, PREA, etc.)
	Report writing and documentation	n		
	> Inmate rules and regulations			
	Grievance and disciplinary proced	ures		
	Grievance and disciplinary procedRights and responsibilities of inmo	ures ates	nate disturhance t	ornado etcl
	Grievance and disciplinary proced	<i>ures</i> ates dical, fire procedures, inr	nate disturbance, t	ornado, etc.)
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