NEW YORK STATE | Division of Criminal Justice Services

www.criminaljustice.ny.gov

DCJS Contact

Blue Courage Academy Training Registration

Reset Form

Agency Name

Address 1

Address 2

City

State NY Zip Code

Phone Number
(no dashes or parentheses)

* Pursuant to NYS Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit or privilege.

Individual Attending (one per registration):

Last Name

First Name

S.S.N.* (last 4 digits)

D.O.B. (mmddyyyy)

E-mail

Position ☐ Police Officer Rank

☐ Peace Officer Type

☐ Civilian Type

☐ Federal Law Enforcement Type

Status ☐ Full-time ☐ Part-time ☐ Volunteer

Please select your desired training site for the 4 Day Train the Trainer Blue Courage Academy

(Participants that attend will be able to instruct the 2 day Blue Courage In-Service course)

The 5th day of the Blue Courage Academy is designed for participants selected by their agency to become Master Blue Courage Instructors. Participating on the 5th day will enable attendees to train additional Blue Courage Instructors. Will you be attending the 5th day to become a Blue Courage Master Instructor? ☐ **Yes** ☐ **No**

Registrations must be submitted no later than October 19, 2016 for either session of training. *Confirmation notices will be E-mailed to the address provided below one week prior to the start of the course. The specific location and time will be given upon confirmation of attendance.*

Attendance Confirmation:

E-mail

Fax Number
(no dashes or parentheses)

Primary notification will be done via E-mail, faxes will only be used as an alternative.

Course Completion Certificate:

E-mail

Supervisory Approval:

(Please provide the following information for the individual authorizing your course attendance.)

Name

Rank

E-mail

You must provide an e-mail address for your employing agency to receive a copy of your course completion certificate. An additional certificate will be issued to the attendee's e-mail address provided.

****THE OFFICE OF PUBLIC SAFETY PREFERS TO RECEIVE YOUR REGISTRATION ELECTRONICALLY.****

Please use the "Submit by E-mail" button below. However, if you have difficulty submitting electronically, you may complete the form online (please do not handwrite), click the 'Print Form' button and fax to (518) 457-0145.

Print Form

Submit by E-mail