



## POLICE/MENTAL HEALTH RECRUIT INSTRUCTOR TRAINING

Agency Name

Address 1

Address 2

City

State

Zip

Phone Number

\*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)\*

D.O.B.

E-mail

Position    Police Officer    Rank

Peace Officer    Type

Civilian    Type

Federal Law    Type

Status    Full-time    Part-time    Volunteer

### ***The training will be held***

Registrations must be submitted a **minimum of 2 weeks** prior to the start of the course, unless otherwise specified in the announcement. 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

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

### **Supervisory Approval:**

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

Name

Rank

Email

### **Course Completion Certificate:**

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 DIVISION OF FORENSIC SERVICES PREFERS TO RECEIVE YOUR REGISTRATION ELECTRONICALLY.\*\***

Please use the "Submit by E-mail" button below.

Please complete and return a **minimum of 2 weeks** prior to the start of the course, unless otherwise specified in the announcement.

***Incomplete, Improper or Illegible registrations will be returned.***