COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

CATALOGED TRAINING COURSE ROSTER

CATALOGED COURSE NUMBER: _____ **TOTAL HOURS** _____

COURSE TITLE: _____ **MENTAL HEALTH HOURS** _____

AGENCY PROVIDING TRAINING: _____

TRAINING LOCATION(City/Town): _____ **DATE(S):** _____

Student (Last, First, MI) PRINT	CLEET #	Department	Signature

I am attesting to the attendance of these students to the course listed above.

Course Instructor Name (PRINT): _____ **Signature** _____