

REQUEST FOR CONFERENCE CONTINUING EDUCATION CREDIT

TO: CLEET Continuing Education

FROM:

Agency: _____

Agency Contact: _____

Agency Address: _____

Street/P.O. Box

City, State ZIP

Telephone: _____ Email: _____

Dates of Conference: _____ Location: _____

Total Hours of Conference (if participants attend all sessions: _____

CONFERENCE NAME: _____

INDIVIDUAL SESSION INFORMATION:

Topic of Instruction: _____ Date: _____ Hours: _____

Instructor(s): _____ LAST FOUR SSN: _____

CLEET NUMBER: _____

_____ LAST FOUR SSN: _____

CLEET NUMBER: _____

_____ This training is law enforcement related, and should be counted toward the Continuing Education Legislative Mandate found in 70 § 3311.4.A.

_____ This training program includes at least two (2) hours of continuing law enforcement training relating to recognizing and managing a person appearing to require mental health treatment or services, as found in 70 § 3311.5.

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CLEET NUMBER: _____

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Administrator / Contact Person Signature

Date