

**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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Administrator / Contact Person Signature

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Date