REQUEST FOR PROGRAM ACCREDITATION

TO: CLEET Continuing Education

FROM:

Agency: _____

Attention: _____

Agency Address: _____
Street/P.O. Box City, State ZIP

Telephone: _____ Email: _____

COURSE INFORMATION:

Course Name/Title: _____

Curriculum Writer (Author): _____

Instructor(s): _____ SSN: _____

_____ SSN: _____

Total Training Hours: _____ Previous Year Course # if Applicable _____

I certify the following documents and audio/visual aids, as checked, are retained by this department to support the course identified above.

Lesson Plan(s) (MANDATORY)	_____	CD(s)	_____
Course Objectives (MANDATORY)	_____	Overhead(s)	_____
Handout(s)	_____	Pre-Test and/or Post-Test Completed Answer Sheet	_____
Video(s)	_____	Instructor Resume(s)	_____

AVAILABILITY OF MATERIALS

_____ Course materials are considered copyrighted and may not be released to another law enforcement agency.

_____ Course materials are considered public and will be shared with another agency upon approval of, and release from, the author(s) and administrator listed below.

CONTENT CERTIFICATION

_____ 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.

_____ _____
Agency Head/Administrator Signature Date

_____ _____
Instructor/Author(s) Signature Date

Form No: ACR-PROG-200809-1