COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING

ACCREDITED TRAINING COURSE ROSTER

ACCREDITED COURSE NUMBER: _____

COURSE TITLE: _____ TOTAL TRAINING HOURS: _____

AGENCY PROVIDING TRAINING: _____

_____

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

Last, First, MI	Signature	SS#	Department

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

_____

Course Instructor Signature **(REQUIRED)**

Revised 08/03/2006