Council on Law Enforcement Education and Training
ACCREDITED TRAINING COURSE ROSTER

Accredited Course Number: _____

COURSE TITLE: _____ TRAINING HOURS:_____

AGENCY PROVIDING TRAINING: _____

INSTRUCTOR(s):_____

TRAINING LOCATION (City/Town): _____ DATES OF TRAINING: _____

Social Security or CLEET Number	Officers Name (Last, First, MI)	Department	Signature

INSTRUCTORS SIGNATURE:
By signing my name below, I certify under penalty of perjury that there are no willful misrepresentations, omissions or falsifications in the information provided on this form.

_____ _____

Signature of Lead Instructor Date