COUNCIL ON LAW ENFORCEMENT EDUCATION AND TRAINING
ACCREDITED TRAINING COURSE ROSTER

ACCREDITED COURSE NUMBER: _____

COURSE TITLE: _____TOTAL TRAINING HOURS: _____

INSTRUCTING AGENCY: _____

TRAINING LOCATION (City/Town): _____

DATE(S) OF CLASS_____CLASS START TIME_____CLASS END TIME_____

Last, First, MI	Signature	SS#	Department

_____**I am attesting to the attendance of these students at the course noted above.**