

DEA BASIC NARCOTICS SCHOOL
Vermont 2024
September 9-13, 2024
Jenna's House Community Center
Johnson, Vermont
REGISTRATION/APPLICATION

Please print legibly

STUDENT'S FULL NAME	
TITLE	
AGENCY NAME (Employing Agency)	
AGENCY ADDRESS	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
TASK FORCE NAME (If Applicable)	
LAW ENFORCEMENT EXPERIENCE	Years _____ Months _____
Date Assigned or To Be Assigned to Drug Unit or Task Force	
SUPERVISOR'S TITLE and NAME	
SUPERVISOR'S TELEPHONE	
SUPERVISOR'S EMAIL	

I am requesting admittance to the DEA Basic Narcotics School. I certify that I have read the announcement and understand that the student **must be available for the entire course and must attend all sessions**. I certify that the student is a full-time law enforcement officer and is considered to be in duty status for the duration of the course.

STUDENT'S SIGNATURE _____ DATE: _____

SUPERVISOR'S SIGNATURE _____ DATE: _____

Email signed and completed form to DEA Division Training Coordinator at Boston.Training@dea.gov. Once accepted into the school, a confirmation will be sent to those enrolled at the email provided on the registration form.