

In-Service Training Submittal Form—To be completed when an officer attends an in-service course

Last Name :	First Name :	MI
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Rank	Last 4 Digits of SSN:
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Course Name:

Course Location:

Dates Attended:	Course Hours:
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Documentation Attached includes:

Goals/Objectives Lesson Plan Training Manual Handouts Other _____

Instructor Name:

Brief Description of the course competencies and learning objectives:

Student Verification

I attest to attending the course stated above

I understand the concepts of the course stated in the course goals/objectives

_____	_____
<i>Printed Name</i>	<i>Signature</i>

Department Verification

Training Credit is Awarded Denied Reason for Denial: _____

Printed Name:	Title:
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Signature:	Date:
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