

In-Service Training Submittal Form

To be completed when an officer attends an in-service course

Student Information

Last Name:

First Name:

MI:

Rank:

Last 4 Digits of SSN:

Training Information

Course Name:

Date(s):

Course Hours (i.e. 07:00-16:30):

Total Hours Credited:

Location:

Documentation Included:

Goals/Objectives Lesson Plan Training Manual Handouts Other: _____

Instructor Verification

Instructor(s) Name:

The student whose name appears above has attended the course of instruction listed above

The student whose name appears above has:

Passed Failed

and/or has otherwise

Satisfactorily completed the requirements of the course.

Unsatisfactorily completed the requirements of the course.

Signed _____

Instructor/Coordinator/Training Officer

Student Verification

I acknowledge attending the course stated above.

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

Brief description of course:

Would you recommend this course to others? Yes No

If no, please explain:

Additional comments:

Signed _____

Department Verification

Training credit is Awarded Denied: Reason for denial:

Date:

Signed: _____

Agency Head/Training Officer/Designee

Printed Name:

Tracking

Entered into training log

Documentation filed