

MANDATED TRAINING REGISTRATION FORM

NAME:			
LAST	FIRST	MIDDLE	
GENDER: MALEFEMALE	PSID# :		_
DATE OF BIRTH:	HIRE DATE:		
RANK/TITLE:			
WORK STATUS:FULL TIME	PART TIME RESE	ERVE CIVILIAN	
DEPARTMENT:			
DEPT. ADDRESS:			
CITY:	STATE:	ZIP:	
DEPARTMENT PHONE NUMBER:			
EMAIL:			
COURSE TITLE: 2020 Mandated Trainin	<u>e</u> COURSE NUMBER	:: <u>2</u> 0-2020-M	
	How completed: (video, hands on, etc.)	Date Completed	Number of hours completed:
EVOC (2 hours required yearly)			
Defensive Tactics (2 hours required yearly)			
Firearms (2 hours required yearly)			
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Legal Update	Additional Mandated Top		
	ining in the topics below is r	equired vearly:	
Mental Illness, Addiction & Disabilities			
Human Trafficking			
Autism			
Other training top	ics which officers need to sho	w some competence in:	
Domestic Violence			
SIDS			
Blood borne Pathogens			
Hazardous Materials			

Officer Signature: