

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: <u>2018 Mandated Training</u> COURSE NUMBER: 18-2018-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)			
Legal Update	Additional Mandated Top		
	ining in the topics below is r	equired yearly:	
Mental Illness, Addiction & Disabilities			
Human Trafficking			
Autism			
Other training topics which officers need to show some competence in:			
Domestic Violence			
SIDS			
Blood borne Pathogens			
Hazardous Materials			

Officer Signature: