MANDATED TRAINING REGISTRATION FORM

NAME: _____ _____ _____
LAST FIRST MIDDLE

GENDER: ☐ MALE ☐ FEMALE PSID# : _____

DATE OF BIRTH: _____ HIRE DATE: _____

RANK/TITLE: _____

WORK STATUS: ☐ FULL TIME ☐ RESERVE ☐

DEPARTMENT: _____

DEPT. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DEPARTMENT PHONE NUMBER: _____

EMAIL: _____

COURSE TITLE: _____ COURSE NUMBER: _____

	How completed: (video, hands on, etc.)	Date Completed	Number of hours completed:
EVOC (2 hours required yearly)			
Physical Tactics/Use of Force (2 hours yearly)			
Firearms (2 hours required yearly)			
Legal Update			
SOME training in the topics below is required yearly:			
Mental Illness, Addiction & Disabilities			
Human Trafficking			
Autism, Alzheimer's, Dementia and Endangered Adults* & High Risk Missing Persons (including those under 21 years of age)			
De-Escalation			
Other training topics in which officers need to show some competence:			
Domestic Violence			
SIDS			
Blood borne Pathogens			
Hazardous Materials			
			Total:

Officer Signature: _____