2009 MANDATED TRAINING REGISTRATION FORM

NAME: _____
LAST FIRST MIDDLE

GENDER: ____ MALE _____FEMALE RACE:_____

SOCIAL SECURITY # (last 4 digits only): _____

DATE OF BIRTH: _____ HIRE DATE: _____

RANK/TITLE: _____

WORK STATUS: ___FULL TIME ____ PART TIME _____ RESERVE _____ CIVILIAN

DEPARTMENT: _____

DEPT. ADDRESS: _____

CITY: _____STATE: _____ ZIP: _____

DEPARTMENT PHONE NUMBER: _____

EMAIL: _____

COURSE TITLE: _2009 MANDATED TRAINING___COURSE NUMBER: _____

COURSE LOCATION: _____

	DATE VIEWED
DOMESTIC VIOLENCE- LAW ENFORCEMENT	
DOMESTIC VIOLENCE-LAKE CO. FORM	
HUMAN TRAFFICKING INTRODUCTION	
HUMAN TRAFFICKING	
BLOODBORNE PATHOGENS	
LEGAL UPDATE	
EMERGENCY DETENTION- MENTALLY ILL	
MENTALLY ILL	
EMERGENCY RESPONSE GUIDE	
DEFENSIVE TACTICS	
EVOC	
FIREARMS	

_____
OFFICER SIGNATURE