

MANDATED TRAINING REGISTRATION FORM

NAME:			
LAST	FIRST	MIDDLE	
GENDER: MALEFEMAL	E 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 NUMBE	ER:	
	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)			
De-Escalation (2 hours)			
Firearms (2 hours required yearly)			
Legal Update			1
	ining in the topics below is re	equired yearly:	1
Mental Illness, Addiction & Disabilities			
Human Trafficking			
Autism, Alzheimer's, Dementia and Endangered	d Adults* & High Risk Missir	ng Persons (including those	e under 21 years of age)
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Other training topi Domestic Violence	cs in which officers need to sl	now some competence:	<u>T</u>
SIDS			
Blood borne Pathogens			
Hazardous Materials			
	I	l	Total:
			-

Officer Signature: