

**REQUEST FOR PROGRAM ACCREDITATION**

**TO:** CLEET Continuing Education

**FROM:**

Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Street/P.O. Box City, State ZIP

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**COURSE INFORMATION:**

Course Name/Title: \_\_\_\_\_

Curriculum Writer

(Author): \_\_\_\_\_

Instructor(s): \_\_\_\_\_ CLEET #: \_\_\_\_\_

\_\_\_\_\_ CLEET #: \_\_\_\_\_

Total Training Hours: \_\_\_\_\_ Previous Year Course # if Applicable \_\_\_\_\_

I certify the following documents and audio/visual aids, as checked, are retained by this department to support the course identified above.

Lesson Plan(s) (MANDATORY) \_\_\_\_\_ CD(s) \_\_\_\_\_

Course Objectives (MANDATORY) \_\_\_\_\_ Overhead(s) \_\_\_\_\_

Handout(s) \_\_\_\_\_ Pre-Test and/or Post-Test Completed Answer Sheet \_\_\_\_\_

Video(s) \_\_\_\_\_ Instructor Resume(s) \_\_\_\_\_

**AVAILABILITY OF MATERIALS**

\_\_\_\_\_ Course materials are considered copyrighted and may not be released to another law enforcement agency.

\_\_\_\_\_ Course materials are considered public and will be shared with another agency upon approval of, and release from, the author(s) and administrator listed below.

**CONTENT CERTIFICATION**

\_\_\_\_\_ This training is law enforcement related, and should be counted toward the Continuing Education Legislative Mandate found in 70 § 3311.4.A.

\_\_\_\_\_ This training program includes at least two (2) hours of continuing law enforcement training relating to recognizing and managing a person appearing to require mental health treatment or services, as found in 70 § 3311.5.

**METHOD OF RECORD SUBMISSION**

\_\_\_\_\_ A hard copy of the roster will be submitted to CLEET via mail or fax.

\_\_\_\_\_ Records will be transmitted electronically via the CLEET website by designated Training Officer.

\_\_\_\_\_  
Agency Head/Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor/Author(s) Signature

\_\_\_\_\_  
Date

(R 10/18)