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)