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| **UA-CJI (color)** | **Course Registration Request** Please fill out this form as accurately as possible. The information is used to contact you about the **status of your request** and, if needed, with information about this course or other CJI courses. All information provided is confidential. |

Course Name:

Course Date:       To

MM/DD/YYYY MM/DD/YYYY

Name:

### Last Name First Name MI Nickname/Preferred Name

CLEST-ID Number:       (Required for Arkansas Commission on Law Enforcement Standards & Training (CLEST)

reporting. Skip if you do not have one.

Last 4 of SSN: XXX-XX-      (Required if you did not fill in the CLEST-ID number above.)

Date of Birth (MM/DD/YYYY):

Rank/Title:

Employer:

Employer Address:

Employer Address:

### City State Zip Code

Employer Telephone:       Fax:

Cell Phone:       Alternate/Evening Phone:

E-Mail Address:        Check box to receive Training Schedule Notification emails.

Are you Sworn or Non-Sworn?  Sworn  Non-Sworn

Position Type: (Select all that apply)

Law Enforcement  Correctional Officer  Detention Center Employee

Jailer  Educator/School Staff

Part-Time I  Part-Time II  Auxiliary  Other

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| --- |
| ***LAW ENFORCEMENT PERSONNEL ONLY.*** *Please complete the following information:* |

Training Officer:

### Rank First Name Last Name

Training Officer’s Telephone:

Training Officer’s E-Mail Address:

How many sworn officers are in your agency?

Population served:

1-2,500  2,501-10,000  10,001-25,000  25,001-50,000  50,001-75,000  75,001-100,000  100,001-500,000  500,001 +

Type of Agency:  Local  County  State  Federal

How did you hear about CJI?

Internet Search  E-mail  Fax  Facebook  Twitter  Policetraining.net  Referral  Other