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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

|  |
| --- |
| ***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