



INSTITUTE OF PUBLIC SAFETY
3501 DAVIE ROAD
FORT LAUDERDALE, FLORIDA 33314

TRAINING AUTHORIZATION AND REGISTRATION

Course Title: _____

Course Dates: _____ to _____

Name: Last _____ First _____ MI _____

Soc Sec Nmbr _____ Sex _____ Race: _____ Birthdate _____

Home address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Certification: Law Enforcement Corrections Non-Sworn

Course Credit: Basic Salary Incentive Mandatory Retraining

The signature below must be an authorized agency administrator which attests to the eligibility of attendees and ensures payment of any fees, as indicated on the individual course announcement.

Agency: _____

Address: _____

Administrator (Printed)

Administrator Signature

Telephone: _____ Date: _____

Pursuant to: CJSTC Rule 11B35.001 9(b): A student enrolled in a Commission-approved Advanced or Specified Specialized Training Program Course shall achieve a passing score on the cognitive end-of-course examination, exclusive of demonstration of proficiency skills.

For IPS use only

Central Campus: Course number:

Sequence number: