

A. Hugh Adams Central Campus 3501 S.W. Davie Road, Davie, FL 33314 Phone 954-201-4300 | Fax 954-201-6305

Date: _____

TRAINING AUTHORIZATION AND REGISTRATION

Course Title:	Course Dates:				
Name: Last	First			МІ	
Last Four of Social:	Date of Birth:	Race: _	Sex: _	·	
Work E-Mail:					
Certification: Law Enfo	rcement	Corrections	Non-S	Sworn	
Course Credit: Salary Inc	entive	Mandatory Retraining	N/A		
The signature below must be an auti		ator which attests to the e he individual course annot	- , -	ees and ensures payment of	
Agency:	Addre	ess:			
Administrator (Printed):		Administrator Signat	:ure:		
Phone:	Date:				
The Dean of the Institute of Pulcircumstances:	-scheduled) ing immediate family w		xcuse an absen	ce for only the following	
An absence due to a conflict of a pe which exceeds 10 percent of the co session. Failure to submit written	urse hours. Written ma	ke-up work will assigned			
EXAMINATION: Pursuant to: CJSTC Rule 11B35.00 Training Program Course pursuant written end-of-course examinatior less than 85% on the written end-o	to subsection (d)113 1. A student enrolled in	of this rule section shall a Specialized Instructor	achieve a score o Training Course	of no less than 80% on the shall achieve a score of no	
AUTHORIZATION: I herby authorize the Institute of the performance, deportment and oth my employing or sponsoring agence.	er matters related to my y and/or any agency to	y status as a student to the which I have applied or n	ne Florida Depart nay apply for em _l	ment of Law Enforcement, ployment.	
I have read and understand the At	endance Policy. Examin	ation Policy and Release	of Records Autho	orization:	

Student Signature: