



DEPARTMENT OF EMERGENCY SERVICES & PUBLIC PROTECTION
CONNECTICUT POLICE ACADEMY
POLICE OFFICER STANDARDS & TRAINING COUNCIL



COURSE REGISTRATION FORM

Method of Instruction Application

First Name: _____ Last Name: _____

Rank: _____ POST I.D. # (if applicable): _____

Registrant Email Address: _____

Agency: _____

Telephone: _____ Email: _____

Signature: _____

Title of Course: _____

Location of Course: _____

Dates of Course: _____

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Mail to:

Field Services Training Division
Connecticut Police Academy
Police Officer Standards & Training Council
285 Preston Avenue
Meriden, CT 06450

Questions:

William Tanner
Field services Division
(203) 427-2625
William.Tanner@ct.gov

BILLING INFORMATION (COMPLETED BY AUTHORIZING OFFICIAL)

BILLING CONTACT _____

AGENCY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

P.O. # (If Applicable) _____

TUITION (PER APPLICANT)

No Charge

\$75

\$200

\$300



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COURSE REGISTRATION FORM

This class will be offered several times per year. If you were not accepted to a previous class, please check this box

How many times have you attempted to register for this class previously?

Due to shortages in some areas of instruction, acceptance to this class will be subject to selection based on department's needs or subject matter.

What Class will you be submitting a lesson plan for to teach following this class?

Please check the box for the target audience of your instruction

In Service

Recruit

Does your Department currently have need of the subject matter you will be teaching? Please explain:

AUTHORIZING OFFICIAL: _____

(Please print name clearly)