



Maryland Police and Correctional Training Commissions Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784

Phone - (410) 875-3513

Fax - (410) 875-3511

PROGRAM NAME: Drug Identification and Treatment

PROGRAM DATE(S)/TIME: Circle One

June 25, 2009

Ocean City, MD

9:00 a.m. - 1:00 p.m.

Reply by May 29, 2009

August 25, 2009

Cumberland, MD

9:00 a.m. - 1:00 p.m.

Reply by 7/31/09

PROGRAM COST: Free

DESCRIPTION: This four hour course will be presented by a Drug Recognition Expert and will provide participants with an overview of the illegal drugs that are commonly found in Maryland. Participants will learn about drug recognition as well as the presenting symptoms of someone who is under the influence of drugs. This presentation will be followed by a presentation about the treatment of substance abusers. The course will conclude with a presentation from the founder of DUI Posse - a volunteer organization attempting to remove drunk drivers from the roads.

STUDENT NAME: _____ Certification Number: _____

Agency Name: _____

Agency Address: _____

City: _____ County: _____ State: _____ Zip: _____

Training Coordinator/Designee: _____ Email _____

Telephone: (____) _____ - _____ Fax: (____) _____ - _____

Emergency Contact Number for Student*: (____) _____ - _____

*Will only be used if the course is being cancelled within 72 hours of the scheduled date.

Students will be notified of their status (Registered or Wait List) within five business days of the closing date using the email or contact number provided.

By signing below, I certify that the information above is true and correct. I also acknowledge that my agency may be billed for the training in the event that I (or my designee) fail to cancel the participant's training, in writing, within 72 hours of the initial date of the training.

Signature Department/Agency Head**

Printed Name

Date

**This form must be signed by the Agency Head or his/her designee.

Mail or Fax original form to: MPCTC
Attn.: TRDU
6852 4th Street
Sykesville, MD 21784
(410) 875-3511, fax

Questions may be directed to Kathy Prieur at (410) 875-3513 or via email kprieur@dpsc.state.md.us