



Maryland Police and Correctional Training Commissions
Registration Form

Public Safety Education and Training Center, 6852 4th Street, Sykesville, MD 21784
Phone - (410) 875-3515 Fax - (410) 875-3511

PROGRAM NAME: Finding Words/Child First
PROGRAM DATE(S)/TIME: August 17 - 21, 2009 8:00am - 5:00pm
PROGRAM LOCATION: Hyatt Regency Chesapeake Bay, Cambridge, MD
PROGRAM COST: \$200
CLOSING DATE: July 30, 2009

DESCRIPTION: Finding Words/Child First is an intensive, interactive, 5-day course combining lecture and hands-on experience in forensic interviewing. The target audience is law enforcement officers, prosecutors, and child abuse professionals. Three programs are scheduled for 2009 with a maximum of 40 students each. Students will participate in an educational program that provides information about the manner in which children experience sexual abuse. At the culmination of the educational segment of the training, students will conduct a 30-minute interview with an actor playing the role of an abused child. Students will also interview a child about a non-abusive event. Both interviews will be critiqued by the Finding Words/Child First faculty.

STUDENT NAME: Certification Number:

Agency Name:

Agency Address:

City: County: State: Zip:

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.

PAYMENT INFORMATION: Registration Fee - \$ NON-REFUNDABLE

- Check or Money Order (Payable to MPCTC)
Purchase Order Number:
Name of Fiscal Officer/Designee Phone
Email
R*STARS transfers for STATE agencies codes: Q00, PCA 27359 AOBJ 0302, TC 430
Name of Fiscal Officer/Designee Phone
Email
Credit Card: Please include the MPCTC Credit Form with this registration. This form is available at www.mdle.net, under the heading Training Programs and Forms

Mail or Fax original form to the above address of fax number.