



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: LESSON PLANS – DESIGNING OBJECTIVES AND ASSESSMENT TECHNIQUES

PROGRAM DATE(S)/TIME: April 7, 2010

PROGRAM LOCATION: Sykesville, MD

PROGRAM COST: Free

CLOSING DATE: March 26, 2010

DESCRIPTION: This four-hour course is for instructor candidates as well as those instructors who find themselves designing and/revising lesson plans. The course will focus on creating objectives and quantifiable assessment techniques that measure learning.

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: Jeannette Marxen
6852 4th Street
Sykesville, MD 21784

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