



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: Officer Involved Shooting

PROGRAM DATE/TIME: March 11, 2010/ 8:30am – 12:30pm

PROGRAM LOCATION: Baltimore, MD

PROGRAM COST: \$25

CLOSING DATE: February 26, 2010

DESCRIPTION: Participants will receive information about officer involved shootings. This training will include statistics, survival techniques, a Prince George's County police officer's first-hand account of his response to being involved in a shooting as well as the general stress of post-event shooting, and posttraumatic stress disorder. This training is being presented in partnership with J. Stewart Gray and Associates.

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.

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 27119 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