



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: Offsite Supervision
PROGRAM DATE/TIME: February 23, 2010/ 9:00am - 3:30pm
PROGRAM LOCATION: Baltimore, MD
PROGRAM COST: \$25
CLOSING DATE: February 9, 2010

DESCRIPTION: This six hour course will illustrate the challenges faced by supervisors from a diverse public safety background to include law enforcement and corrections as well as adult and juvenile probation. It will require students to assess the importance of the relationship between public safety professionals and the public. The course will also challenge the student to examine how the quality of the supervisor's relationship with his/her subordinate impacts the relationship between the law enforcement agency and the public and to define his/her role as a supervisor.

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