

Maryland Police & Correctional Training Commissions – Nomination Form*
*for use with Enhanced Instructor, First Line Supervisor or Administrator, OR Field Training Office only



Circle the program below you are nominating a candidate for:

Enhanced Instructor First Line Supervisor First Line Administrator Field Training

Program Date: _____ Alternate Date: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Agency Contact: _____ Phone: (____) _____ - _____

Email: _____ Fax: (____) _____ - _____

Nominee: _____ Certification Number: _____

Rank/Position: _____ Promotion Date: _____
(Required for First Line Programs)

Emergency Contact Number for Nominee*: (____) _____ - _____
*Will only be used if the course is being cancelled within 72 hours of the scheduled date.

I certify that the above information is true and correct.

Signature Department/Agency Head Printed Name Date

Overnight accommodations will be required (Circle One): Yes No
To reserve overnight accommodations, please call Joanne Cunningham at 410-875-3402. Submission of this Nomination Form will not result in a reservation. If the class is cancelled or rescheduled, you will need to contact Ms. Cunningham to cancel your room.

NON-REFUNDABLE Registration Fee: \$ _____ (Refer to program announcement or contact MPCTC)

R*STARS transfers for STATE Agencies codes: Q00, PCA 27119 AOBJ 0302, TC 430
You must include: Document Date _____ & Document Number _____

Purchase Order Number (attach copy): _____

Check/Money Order – payable to MPCTC
Credit Card – the form below is required for submission to MPCTC Accounting Division.

MAIL OR FAX ORIGINAL TO:
MD Police & Correctional Training
Commissions
Attn.: Registrar Unit
6852 4th Street
Sykesville, MD 21784
FAX (410) 875-3511



Department of Public Safety and Correctional Services

Police and Correctional Training Commissions
6852 4th STREET • SYKESVILLE, MARYLAND 21784 • www.pctc.state.md.us
(410) 875-3400 • V/TTY (800) 735-2258 • E-MAIL: mailbox@mpctc.net

Credit Card Payment Information

ONLY Cards Accepted

Charge my: Visa
(CHECK ONE)

Master Card

Card Type: Personal Credit Card
(CHECK ONE)

Business/Corporate Credit Card*

Purpose: Registration
(CHECK ONE)

Program Name: _____

Program Date: _____

Attendee(s): _____

Lodging Dates: _____

Digest of Criminal Laws

Other

PLEASE TYPE OR PRINT CLEARLY

Name of Card Holder: _____
(AS IT APPEARS ON CREDIT CARD)

Card # _____ - _____ - _____ - _____ Expiration Date ____/____/____ Amount _____
16 DIGITS MM/YY

Credit Card Statement Zip Code: _____ State: _____

Card Holders Signature: _____

Card Holders
Phone Number: _____

Agency Name: _____

If receipt is requested, please provide email: _____

***NOTE: State Agencies must process RSTARS transfer. Credit card form not accepted.**