

**MARYLAND POLICE AND CORRECTIONAL TRAINING COMMISSIONS
CORRECTIONAL ENTRANCE LEVEL TRAINING PROGRAM-REGISTRATION FORM**

SUBMITTING INSTITUTION: AGENCY CODE:	ADDRESS:	PHONE NO: FAX NO.:	TRAINING CLASS: DATE OF CLASS:
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#	SOCIAL SECURITY #	DATE OF HIRE	LAST NAME	FIRST NAME	GENDER	DATE OF BIRTH	CLASSIFICATION (RANK)
1							
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<p>IN THE ABOVE SPACE(S), PLEASE ENTER INFORMATION FOR EACH CANDIDATE APPROVED.</p> <p>Checks payable to: Maryland Police and Correctional Training Commissions 6852 4th Street, Sykesville, MD 21784 Attn: Finance Department</p> <p>Please indicate: _____ Credit Card (Last 4 Digits of Card: _____) _____ Purchase Order (PO#: _____) _____ Check/Money Order</p>	<p>MY SIGNATURE SIGNIFIES THE NAME(S) NOTED ABOVE RECEIVED A PHYSICAL EXAMINATION BY A LICENSED PHYSICIAN AND WAS DETERMINED PHYSICALLY ABLE TO PARTICIPATE IN THE CORRECTIONAL ENTRANCE LEVEL TRAINING PROGRAM. A "NATIONAL CRIMINAL INFORMATION CENTER (NCIC)" CHECK WAS ALSO COMPLETED FOR THE NAME(S) MENTIONED.</p> <p>SIGNATURE OF ACKNOWLEDGEMENT: _____</p> <p>DATE: _____</p> <p>PRINTED NAME: _____ PHONE NO: _____</p>
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